

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90027 040 ****70.00

DOCUMENT # N02823

1. Entity Name

WILD ANIMAL RETIREMENT VILLAGE, INC.

Principal Place of Business

Mailing Address

8901 NE HWY 301
 WALDO FL 32694
 US

STAR ROUTE, BOX 800
 WALDO FL 32694

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2409387

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLIE, DR. HARRY
229 SW 43RD TERRACE
GAINESVILLE FL 32607

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
PD
 NAME **SCHULER, MR.EUGENE M.**
 STREET ADDRESS **8901 NE HWY 301**
 CITY-ST-ZIP **WALDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
VD
 NAME **SCHULER, FRANCES L.**
 STREET ADDRESS **8901 NE HWY 301**
 CITY-ST-ZIP **WALDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
STD
 NAME **KISTNER, SANDRA**
 STREET ADDRESS **1022 WYNDHAM WAY**
 CITY-ST-ZIP **SAFTEY HARBOR FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
D
 NAME **WALLEDA, MRS.CARLA**
 STREET ADDRESS **3842 SUGAR LANE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
D
 NAME **HOLLIE, DR. HARRY**
 STREET ADDRESS **229 SW 43RD TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
D
 NAME **HINNEBUSCH, MR. MARK**
 STREET ADDRESS **3669 NW 23RD AVENUE**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Francis L. Schuler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02
 Date

352468-1953
 Daytime Phone #

CR2E037 (9/01)