

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90036 038 ****70.00

DOCUMENT # N09106

Entity Name

LACE RIVER WILDLIFE CENTER, INC.

Principal Place of Business

Mailing Address

**W. MARION AVE.
 GORDA FL 33950**

**3400 W. MARION AVE.
 PUNTA GORDA FL 33950-6312
 US**

V I S I T O R



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2535665

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

**JERRY L D.V.M.
 MARION AVE
 GORDA FL 33950**

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, 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**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<p>D <input checked="" type="checkbox"/> Delete KINNEY, KAREN J 23098 ROUNDTREE AVE PORT CHARLOTTE FL 33980</p>	<p>D <input type="checkbox"/> Delete YUSTER, MAUREEN I 3612 BON AIRE CT. PUNTA GORDA FL</p>	<p>D <input type="checkbox"/> Delete GINGERICH, JENNY 25120 MARLOW AVE PUNTA GORDA FL 33950</p>	<p>D <input type="checkbox"/> Delete FIORE, CINDY 3300 TAMiami TRAIL STE 103 PORT CHARLOTTE FL 33952</p>	<p>D <input type="checkbox"/> Delete HAMILTON, GREG 407 ORLANDO BLVD PORT CHARLOTTE FL 33954</p>	<p>D <input checked="" type="checkbox"/> Delete PAPPAS, JOHN 208 CORUMBA ST PUNTA GORDA FL 33983</p>	<p>D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STACCY DEINERD 3400 W. MARLOW AVENUE Punta Gorda, FL 33950</p>	<p>D <input type="checkbox"/> Change <input type="checkbox"/> Addition GINGERICH, JERRY LEE 25120 MARION AVENUE PUNTA GORDA, FL 33950</p>
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CR2E037 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature 2/12/00 (941) 637-3830