

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90061 008 ****70.00

DOCUMENT # N09106

1. Entity Name

PEACE RIVER WILDLIFE CENTER, INC.

Principal Place of Business

3400 W. MARION AVE.
 PUNTA GORDA FL 33950
 US

Mailing Address

3400 W. MARION AVE.
 PUNTA GORDA FL 33950
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2535665

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~GINGIRICH, JERRY L D.V.M.~~
~~25122 MARION AVE~~
~~PUNTA GORDA FL 33950~~

CYNTHIA FIORE
3138 SCRANTON ST.
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

Name **CYNTHIA FIORE, DVM**

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

3138 SCRANTON ST.

City **PORT CHARLOTTE**

FL

Zip Code **33952**

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

Cynthia Fiore, DVM

1/20/01

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 **D** Delete
 NAME **DEINEN, STACEY**
 STREET ADDRESS **3400 W MARION AVE**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **YUSTER, MAUREEN I**
 STREET ADDRESS **3612 BON AIRE CT.**
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GINGIRICH, JERRY L**
 STREET ADDRESS **25120 MARION AVE**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FIORE, CINDY**
 STREET ADDRESS **3300 TAMAMI TRAIL STE 103**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HAMILTON, GREG**
 STREET ADDRESS **407 ORLANDO BLVD**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Maureen I. Yuster
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01
 Date

94681 3830
 Daytime Phone #

CR2E037 (10/00)