

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10297

1. Entity Name

ANN YOUNG WILDBIRD REFUGE, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90001 049 ****61.25

| | |
|---|--|
| Principal Place of Business 157 E. NEW ENGLAND AVE. SUITE 375 WINTER PARK FL 32789 | Mailing Address 157 E. NEW ENGLAND AVE. SUITE 375 WINTER PARK FL 32789-7025 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 59-3048213 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

HOBBY, WILLIAM M III
1327 N MILLS AVE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|-------------------------------------|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|---|--|

10. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | YOUNG, ANN |
| STREET ADDRESS | 205 ROBIN ROAD |
| CITY-ST-ZIP | ALTAMONTE SPGS. FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | HARTLIEF, JOANIE |
| STREET ADDRESS | 1840 MEGASER WAY |
| CITY-ST-ZIP | GENEVA FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | LA TUSHA, LINDA |
| STREET ADDRESS | HC 30 BOX 851 |
| CITY-ST-ZIP | PRESCOTT AZ |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | ROBERTS, ANN |
| STREET ADDRESS | 2709 CATTAIL CT. |
| CITY-ST-ZIP | LONGWOOD FL |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D |
| STREET ADDRESS | LA TUSHA, LINDA |
| CITY-ST-ZIP | 3385 LAKE HARNEY CIRCLE |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D |
| STREET ADDRESS | ROBERTS, ANN |
| CITY-ST-ZIP | HC 30 BOX 851 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: **X** *Ann Young* **REO ANDREY DUNS** *February 18, 2000*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)