

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19576

1. Entity Name

AMBER LAKE WILDLIFE REFUGE AND REHABILITATION CE

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90014 044 ****61.25

Principal Place of Business	Mailing Address
297 ARTISTS AVENUE ENGLEWOOD FL 34223	297 ARTISTS AVENUE ENGLEWOOD FL 34223



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	Applied For
59-2766635	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVENUE SARASOTA FL 34236		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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERSON, EDWIN LEWIS	NAME	MACK, KERRY E.
STREET ADDRESS	297 ARTISTS AVENUE	STREET ADDRESS	2022 PLACIDA ROAD
CITY-ST-ZIP	ENGLEWOOD FL 34223	CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTELSON, ROGER A DJM	NAME	
STREET ADDRESS	381 EDEN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, JOHN, IV	NAME	
STREET ADDRESS	1490 HOMESTEAD	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWER, JOHN H DDS	NAME	
STREET ADDRESS	1856 WISPERING PINES CIR.	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSON, RHONDA F	NAME	
STREET ADDRESS	701 EDWARDS STREET	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: EDWIN LEWIS PIERSON 2-2-2000 941-475-4585
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)