

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90038 014 ****61.25

DOCUMENT # N20900

1. Entity Name

ALL CREATURES WILDLIFE SANCTUARY, INC.

Principal Place of Business

Mailing Address

5459 SE 30TH ST
 C/O JO ANNE PEARSON
 TRENTON FL 32693
 US

5459 SE 30TH ST
~~C/O JOANNE PEARSON~~ **JO ANNE PEARSON**
 TRENTON FL 32693-4547
 US

600837



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2823913

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

PEARSON, JO ANNE
5459 SE 30TH ST
TRENTON FL 32693

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	PD	<input type="checkbox"/> Delete
NAME	PEARSON, JO ANNE	
STREET ADDRESS	5459 SE 30TH ST	
CITY-ST-ZIP	TRENTON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PEARSON, LORRAINE R.	
STREET ADDRESS	215 E. LOVE STREET	
CITY-ST-ZIP	MEXICO MO	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILNER, JOHN E	
STREET ADDRESS	2528 CEDRONELLA DR	
CITY-ST-ZIP	CHAPEL HILL NC 27514	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCGEE, GENEVA	
STREET ADDRESS	2350 N. LAMA POINT	
CITY-ST-ZIP	HERNANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jo Anne Pearson* **JO ANNE PEARSON** 1/17/00 352-492-4777
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #