

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90391 012 \*\*\*\*61.25

**DOCUMENT # N25053**

1. Entity Name

**ST. JOHNS WILDLIFE CARE, INC.**

Principal Place of Business

Mailing Address

1000 ARRICOLA AVENUE  
 ST. AUGUSTINE FL 32084

1000 ARRICOLA AVENUE  
 ST. AUGUSTINE FL 32084

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

**59-2886314**

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

7. Name and Address of New Registered Agent

ZIMMERMAN, WILLIAM P.  
 THREE PALM ROW  
 ST. AUGUSTINE FL 32084

Name

Nancy J. Barnard

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

100 Arricola Ave.

City

St. Augustine

FL

Zip Code  
 32084

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

*Nancy J. Barnard*  
 Nancy J. Barnard

4-18-00

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 DP  Delete  
 NAME MARSH, KATHIE  
 STREET ADDRESS 25 DOLPHIN DR  
 CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME BARNARD, NANCY  
 STREET ADDRESS 2884 KINGS ROAD  
 CITY-ST-ZIP ST. AUGUSTINE FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME SCHMIDT, FRED  
 STREET ADDRESS 706 ASTURIAS ST.  
 CITY-ST-ZIP ST. AUGUSTINE FL

TITLE D  Change  Addition  
 NAME Inman, Randall  
 STREET ADDRESS 5705 C.R. 208  
 CITY-ST-ZIP St. Augustine, FL 32092

TITLE DS  Delete  
 NAME SMITH, LORA  
 STREET ADDRESS 1000 E MOODY BLVD  
 CITY-ST-ZIP BUNNELL FL 32110

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DVP  Delete  
 NAME INMAN, KAREN  
 STREET ADDRESS 5706 C R 208  
 CITY-ST-ZIP ST AUGUSTINE FL 32092

TITLE DVP  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DVP  Change  Addition  
 NAME Stauber, Evelyn  
 STREET ADDRESS 5155 Avenue B  
 CITY-ST-ZIP St. Augustine, FL 32095

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:

Nancy J. Barnard

4/18/00

904-824-2881 X12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)