

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90028 012 ****61.25

DOCUMENT # N93000001329

1. Entity Name
FLORIDA WILDLIFE CARE, INC.

Principal Place of Business P O BOX 1644 GAINESVILLE FL 32602-1644	Mailing Address P O BOX 1644 GAINESVILLE FL 32602-1644
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3178292	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
WILLIAMS, KRISTIN T 317 S.E. 51ST STREET GAINESVILLE FL 32601			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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD <input type="checkbox"/> Delete	NAME	WILLIAMS, KRISTIN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	317 SE 51 ST	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	NAME	HANBURY, SUSAN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 1104 N/A	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	NAME	SMITH, LORRIE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11704 NE 4TH AVE	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete	NAME	STRAUB, LESLIE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2284 NW 34TH PL	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	NAME	BEEHLER, LYNNE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4610 NW 35TH RD	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> Delete	NAME	BRECHTEL, MEREDITH	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4805 SW 19TH ST.	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	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 information.

SIGNATURE: Meredith Brechtel **WIRE Meredith Brechtel** 1/31/00 (352) 371-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)