

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90110 031 ****61.25

DOCUMENT # N93000001329

1. Entity Name

FLORIDA WILDLIFE CARE, INC.

Principal Place of Business

Mailing Address

P O BOX 1644
 GAINESVILLE FL 32602-1644

P O BOX 1644
 GAINESVILLE FL 32602-1644

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3178292

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 Kristin T Williams, KRISTIN WILLIAMS PRES. 1/17/01
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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	WILLIAMS, KRISTIN	317 SE 51 ST	GAINESVILLE FL	VPD/T	SHIRLEY MOGENSEN	505 NW 19th ST	HIGH SPRINGS FL 32643
D	HANBURY, SUSAN	P.O. BOX 1104 N/A	MELROSE FL	MD	Nicole Danao	6519 W. Newberry Rd. Apt. 412	Gainesville, FL 32605
D	SMITH, LORRIE	11704 NE 4TH AVE	GAINESVILLE FL		Audrey Holt	430 SE 75th St	Gainesville, FL 32641
CD	STRAUB, LESLIE	2284 NW 34TH PL	GAINESVILLE FL		BRECHTEL, Meredith	4805 SW 19th St	Gainesville, FL
D	BEEHLER, LYNNE	4610 NW 35TH RD	GAINESVILLE FL				
VPD MEMBER AT LARGE	BRECHTEL, MEREDITH	4805 SW 19TH ST.	GAINESVILLE FL				

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: Kristin Williams 1/17/01 352.395.5195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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 CR2E037 (10/00)