

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90188 020 ****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

87917



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.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 Leslie Straub			
				Street Address (P.O. Box Number is Not Acceptable)			
				2284 NW 34th PL			
				City Gainesville FL Zip Code 32605			

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 Leslie E. Straub, Leslie E. Straub DATE 3/28/02

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 checked="" type="checkbox"/> Delete	TITLE	Audrey Holt DPres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, KRISTIN		NAME	430 SE 75th St	
STREET ADDRESS	317 SE 51 ST		STREET ADDRESS	Gainesville, FL	
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP	32641	D
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Vice Pres - Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOGENSEN, SHIRLEY		NAME	Susan Hanburry	
STREET ADDRESS	505 SW 19TH ST		STREET ADDRESS	PO Box 1104 Melrose, FL	
CITY-ST-ZIP	HIGH SPRINGS FL 32643		CITY-ST-ZIP	32666	D
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LORRIE		NAME		
STREET ADDRESS	11704 NE 4TH AVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAUB, LESLIE		NAME		
STREET ADDRESS	2284 NW 34TH PL		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP		
TITLE	D Secretary	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANA, NICOLE		NAME		
STREET ADDRESS	6519 W NEWBERRY RD APT 412		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRECHTEL, MEREDITH		NAME		
STREET ADDRESS	4805 SW 19TH ST.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		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)(f), 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: Leslie E. Straub, Leslie E. Straub DATE 3/28/02 DAYTIME PHONE # 352/371-4443

CR2E037 (9/01)