

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

0010468

DOCUMENT # N95000004767

1. Entity Name

THE WILDLIFE CENTER AT UNCLE DONALD'S FARM, INC.

05-23-2001 90231 035 ****61.25

Principal Place of Business

**40789 UNCLE DONALDS LANE
 LADY LAKE FL 32195**

Mailing Address

**PO BOX 1087
 WEIRSDALE FL 32195**

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

59-3426836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MORRIS, BETH
 40789 UNCLE DONALDS LANE
 LADY LAKE FL 32195**

7. Name and Address of New Registered Agent

Name

Donna L Morris

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

40789 Uncle Donald's Lane

City

Lady Lake

FL

Zip Code

32195

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 **Donna L Morris**

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

5/20/01

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

TITLE **STD** ☐ Delete
 NAME **MORRIS, DONNA L**
 STREET ADDRESS **2713 GRIFFIN AVENUE**
 CITY-ST-ZIP **LADY LAKE FL**

TITLE **PD** ☐ Delete
 NAME **MORRIS, ELIZABETH I**
 STREET ADDRESS **2713 GRIFFIN AVENUE**
 CITY-ST-ZIP **LADY LAKE FL**

TITLE **D** ☐ Delete
 NAME **WILSON, MARK DR. DVM**
 STREET ADDRESS **P.O. BOX 2319 N/A**
 CITY-ST-ZIP **BELLEVIEW FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ Addition
 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: **SIGNATURE REQUESTED Morris**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/01

753-3414

CR2E037 (10/00)