

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-23-2001 90223 044 ****61.25

0078368

DOCUMENT # N99000005744
 1. Entity Name
H.O.P.E. WILDLIFE REHABILITATION INC.

Principal Place of Business Mailing Address
10175 N FISHBOWL DR **P O BOX 203**
HOMOSASSA FL 33487 **HOMOSASSA FL 34487**

2. Principal Place of Business 3. Mailing Address
6435 W. Craft Ln
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Homosassa FL

Zip Country Zip Country
34448 **USA**

4. FEI Number Applied For
59-3618596 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

823257



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SHREVE, STACEY
10175 N FISHBOWL DR
HOMOSASSA FL 33487

7. Name and Address of New Registered Agent
 Name **Meredith Brechtel**
 Street Address (P.O. Box Number is Not Acceptable)
2232 Hwy 44 W.
 City **Inverness** FL Zip Code **34453**

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 *Meredith Brechtel* **Meredith Brechtel** **Treasurer** **2/8/01**
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

TITLE	PCD	<input type="checkbox"/> Delete
NAME	SHREVE, STACEY	
STREET ADDRESS	10175 FISHBOWL DR	
CITY-ST-ZIP	HOMOSASSA FL 34487	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAGLIO, LISA	
STREET ADDRESS	4385 S CHARLES ALBERT PT	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRECHTEL, MEREDITH	
STREET ADDRESS	2232 HWY 44TH W	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VAN DE WALKER, HELEN	
STREET ADDRESS	5519 W CONESTOGA DR	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	DD	<input type="checkbox"/> Delete
NAME	MAGLIO, JOSEPH	
STREET ADDRESS	4385 S CHARLES ALBERT PT	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Meredith Brechtel* **Meredith Brechtel** **2/8/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)