

2001 UNIFORM BUSINESS REPORT (UBR)

0464756

DOCUMENT # NO1000002883

1. Entity Name

SEACREST WOLF PRESERVE, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 APR 25 AM 10:46

Principal Place of Business

**3449 BONNETT POND ROAD
CHIPLEY FL 32428**

Mailing Address

**3449 BONNETT POND ROAD
CHIPLEY FL 32428**

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

59-3709419

☒ Applied For

☐ Not Applicable

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

**WATKINS, WILLIAM W
3449 BONNETT POND ROAD
CHIPLEY FL 32428**

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

William W. Watkins
Signature typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**After MAY 1, 2001 Fee will be
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DIRECTOR**
STREET ADDRESS **WAYNE W. WATKINS**
CITY-ST-ZIP **3449 BONNETT POND RD.
CHIPLEY, FL 32428**

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

TITLE ☐ Delete
NAME **DIRECTOR**
STREET ADDRESS **CYNTHIA E. WATKINS**
CITY-ST-ZIP **3449 BONNETT POND RD.
CHIPLEY FL 32428**

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

TITLE ☐ Delete
NAME **DIRECTOR**
STREET ADDRESS **JOSEPH SORVILLO**
CITY-ST-ZIP **3449 BONNETT POND RD.
CHIPLEY, FL 32428**

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

TITLE ☐ Delete
NAME **DIRECTOR**
STREET ADDRESS **CAROL SORVILLO**
CITY-ST-ZIP **3449 BONNETT POND RD.
CHIPLEY, FL 32428**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William W. Watkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

850 773-2897

Daytime Phone #

CR2E034 (10/00)