

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003779

1. Entity Name

FLORIDA WILD MAMMAL ASSOCIATION, INC.

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90251 001 ****61.25

362102



DO NOT WRITE IN THIS SPACE

Principal Place of Business

198 EDGAR POOLE RD.
 CRAWFORDVILLE, FL 32327

Mailing Address

198 EDGAR POOLE RD.
 CRAWFORDVILLE, FL 32327

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

65-0508616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESTRANGE, BETTE
 PLAZA 3000 3020 NORTH FEDERAL HIGHWAY
 BUILDING 11
 FT. LAUDERDALE FL 33306

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

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 VPD
 NAME BEATTY, MICHAEL ☐ Delete
 STREET ADDRESS 198 EDGAR POOLE RD
 CITY-ST-ZIP CRAWFORDVILLE FL 32327

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

TITLE PD
 NAME ANDERSON, DEBORAH ☐ Delete
 STREET ADDRESS 2989 SW 137 TH TERRACE
 CITY-ST-ZIP DAVIE FL 33330-1137

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

TITLE MD
 NAME BEATTY, CHRISTINE ☐ Delete
 STREET ADDRESS 198 EDGAR POOLE RD
 CITY-ST-ZIP CRAWFORDVILLE FL 32327

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

TITLE STD
 NAME DENMARK, ELIZABETH ☐ Delete
 STREET ADDRESS 32 JASON ST.
 CITY-ST-ZIP CRAWFORDVILLE FL 32327

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

TITLE D
 NAME VAMETTE, JULIE ☐ Delete
 STREET ADDRESS 582 ARBOR DRIVE
 CITY-ST-ZIP CARMEL IN 46032

TITLE JULIE VANETTE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE KARRIE MUSGROVE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS 335 HICKORYWOOD DRIVE
 CITY-ST-ZIP CRAWFORDVILLE, FL 32327

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.

CR2E037 (9/01)

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02

Date

926-4585

Daytime Phone #