

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000005029

FILED  
Jan 09, 2003  
Secretary of State

Entity Name: WILDLIFE FOUNDATION OF FLORIDA, INC.

## Current Principal Place of Business:

620 S MERIDIAN ST  
TALLAHASSEE, FL 323991600

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 11010  
TALLAHASSEE, FL 32302

## New Mailing Address:

FEI Number: 59-3277808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARA, ROSEMARY SEC.  
620 S MERIDIAN ST  
TALLAHASSEE, FL 323991600 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BLAKE, WILLIAM M  
Address: 4611 W SUNSET BLVD  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: BOSTICK, WILLIAM G JR  
Address: RT 1 BOX 155A  
City-St-Zip: GARNETT, SC 29922

Title: D ( ) Delete  
Name: BRANTLY, ROBERT M  
Address: 8005 FRESHWATER FARMS RD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: BREMER, LINDA  
Address: 1530 MAYFAIR RD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: STD ( ) Delete  
Name: EGBERT, ALLAN L DR  
Address: 620 S MERIDIAN ST  
City-St-Zip: TALLAHASSEE, FL 32399

Title: P ( ) Delete  
Name: RAINEY, C. T PRESIDE  
Address: 14701 SOUTH DIXIE HIGHWAY  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BOSTICK, WILLIAM G JR  
Address: AUGUSTA STAGE COACH ROAD  
City-St-Zip: GARNETT, SC 29922

Title: D (X) Change ( ) Addition  
Name: KIBLER, THOMAS B  
Address: 3715 KIBLER RANCH ROAD  
City-St-Zip: MYAKKA CITY, FL 34251

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: HADDAD, KENNETH D  
Address: 620 S MERIDIAN ST  
City-St-Zip: TALLAHASSEE, FL 32399

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH D. HADDAD

STD

01/09/2003

Electronic Signature of Signing Officer or Director

Date