

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90077 044 \*\*\*\*61.25

**DOCUMENT # 746850**

1. Entity Name

**CHARLIE BILD'S FRIENDS, INC.**



Principal Place of Business

**C/O COLLEGE OF VETERINARY MEDICINE  
P. O. BOX 100125  
GAINESVILLE FL 32610  
US**

Mailing Address

**C/O COLLEGE OF VETERINARY MEDICINE  
P. O. BOX 100125  
GAINESVILLE FL 32610  
US**

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 **59-0974739**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CRIFE, WYLAND S.  
22859 N.W. 87TH AVE. RD.  
MICANOPY FL 32667**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DEE, LARRY G.</b>	
STREET ADDRESS	<b>2864 HOLLYWOOD BLVD.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>NICOLETTI, PAUL</b>	
STREET ADDRESS	<b>2015 SW 16TH AVE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32610</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>GARDNER, WADE G.</b>	
STREET ADDRESS	<b>5711 LAKELAND HIGHLANDS RD</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRANDT, JAMES H.</b>	
STREET ADDRESS	<b>720 N. TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FAWCETT, JAMES W.</b>	
STREET ADDRESS	<b>8776 SUNSET DR.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WHITLEY, THOMAS F.</b>	
STREET ADDRESS	<b>1355 E. LAFAYETTE ST.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	

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	<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	<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: *Larry G. Dee* **LARRY G. DEE**

CR2E037 (10/02)