## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \( \mu \)

## FILED **DOCUMENT # 823832** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name JUNGLE LARRY'S ZOOLOGICAL PARK, INC. 04-25-2000 90102 027 \*\*\*150.00 Principal Place of Business Mailing Address 316 NORTH COURT STREET 1590 GOODLETTE RD MEDINA OHIO 44256-1868 NAPLES FL 33940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 34-0966117 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TETZLAFF, NANCY Street Address (P.O. Box Number is Not Acceptable) 5841 20TH AVE NW NAPLES FL 33940 Zip Code FL 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **VSD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TETZLAFF, DAVID NAME STREET ADDRESS STREET ADDRESS 5823 20TH AVE NW CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 Change ☐ Addition TITLE ☐ Delete TITLE NAME TETZLAFF, NANCY NAME STREET ADDRESS STREET ADDRESS 5841 20TH AVE NW CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 TITLE TD : ☐ Delete TITLE ☐ Change ☐ Addition NAME RAESE, WARREN NAME STREET ADDRESS STREET ADDRESS 3376 E SMITH RD CITY-ST-ZIP CITY-ST-ZIP MEDINA OH 44256 ☐ Delete TITLE Change ☐ Addition TITLE NAME TETZLAFF, TIM NAME 605 DEERWOOD Are STREET ADDRESS STREET ADDRESS 2172 44TH TERR SW GAHANNA, OL 43230 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34116 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone P