2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003
Secretary of State

DOCUMENT# F01000001970

Entity Name: CENTER FOR CAPTIVE CHIMPANZEE CARE, INC.

Current Principal Place of Business:

3000 S. HEADER CANAL
FT. PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

PO BOX 12220
FT. PIERCE, FL 34979

New Mailing Address:

FEI Number: 65-0789748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAAB, LORRAINE
22 SIMARA ST.
STUART, FL 34996 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: P ( ) Delete
Name: NOON, CAROLE PHD
Address: 3000 S. HEADER CANAL
City-St-Zip: FT. PIERCE, FL 34945

Title: S ( ) Delete
Name: LOVITZ, TRACEY
Address: 9316 SW 67TH DR.
City-St-Zip: GAINESVILLE, FL 32608

Title: T ( ) Delete
Name: RAAB, LORI
Address: 22 SIMARA ST.
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LORI RAAB T 02/19/2003

Electronic Signature of Signing Officer or Director — Date