

2001 UNIFORM BUSINESS REPORT (UBR)

0037142

DOCUMENT # **G41513**

1. Entity Name

THE ANIMAL PARK, INC.

Principal Place of Business

**5701 GULF BREEZE PKWY
GULF BREEZE FL 32561**

Mailing Address

**5701 GULF BREEZE PKWY
GULF BREEZE FL 32561**

FILED

01 FEB -5 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2304767**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**EMMANUEL, ROBERT A. / ATTORNEY AT LAW
30 SOUTH SPRING ST.
PENSACOLA FL 32501**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CS CTO	<input type="checkbox"/> Delete
NAME	POTTER, JAMES M	
STREET ADDRESS	620 WOODS LANE	<i>change</i>
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	BIRDWELL, THOMAS ROGERS	
STREET ADDRESS	22 LAKESIDE DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUCH, RONALD O	
STREET ADDRESS	16144 CYPRESS WAY	
CITY-ST-ZIP	LOS GATOS CA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BIRDWELL, THOMAS R	
STREET ADDRESS	22 LAKESIDE DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, PRENTICE I	
STREET ADDRESS	6436 GARDEN DRIVE	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOOLEY, DONALD E	
STREET ADDRESS	511 S 1ST AVE 296	
CITY-ST-ZIP	ARCADIA CA 91006	

TITLE	PMD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quinn, Walter C.	
STREET ADDRESS	5701 Gulf Breeze Pkwy.	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Switzer, Robert B.	
STREET ADDRESS	92 Highpoint Drive	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pullum, William A.	
STREET ADDRESS	9271 Lilge Circle	
CITY-ST-ZIP	Navarre, FL 32566	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brannon, Thomas O.	
STREET ADDRESS	6503 Surfside Cove	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	CTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800003709178	
STREET ADDRESS	-02/19/01--01030--026	
CITY-ST-ZIP	****158.75 ****158.75	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-01 (850)932-2229

Date Daytime Phone #

WALTER C. QUINN, PRESIDENT/DIRECTOR

CR2E034 (10/00)