

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

0088841

DOCUMENT # N00000000174

1. Entity Name

MARION ZOO SCHOOL INCORPORATED

05-21-2002 91219 032 ****70.00

Principal Place of Business

Mailing Address

~~12888 HWY. 441
 BELLEVIEW FL 34421~~

P.O. BOX 2319
 BELLEVIEW FL 34421

361568

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

82-2978126

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, MARK D
 12888 HWY. 441
 BELLEVIEW FL 34421**

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

Mark D. Wilson, D.O.M. *Mark D. Wilson, D.O.M.* *4/26/02*

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON, MARK D	
STREET ADDRESS	12888 HWY. 441	
CITY-ST-ZIP	BELLEVIEW FL 34421	
TITLE	V	<input type="checkbox"/> Delete
NAME	JENKINS, CHARLES	
STREET ADDRESS	1909 COCO MEADOW CIRCLE, APT. 202	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WYMAN, BETTY ANN	
STREET ADDRESS	P.O. BOX 602	
CITY-ST-ZIP	FAIRFIELD FL 32634	
TITLE	D	<input type="checkbox"/> Delete
NAME	RILEY, DARREL	
STREET ADDRESS	2121 S.W. 19TH AVE. ROAD	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIEBERT, INEZ	
STREET ADDRESS	P.O. BOX 2319	
CITY-ST-ZIP	BELLEVIEW FL 34421	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAUFF, SAM	
STREET ADDRESS	1014 S.W. 7TH ROAD	
CITY-ST-ZIP	OCALA FL 34474	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Mark D. Wilson, D.O.M.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/26/02* Daytime Phone #: *352-547-7800*

CRE037 (9/01)