

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-01-2001 90175 015 ****61.25

DOCUMENT # N00000000454

1. Entity Name

ARNOLD'S WILDLIFE REHABILITATION CENTER, INC.

Principal Place of Business

14985 N.W. 30TH TERRACE
OKEECHOBEE FL 34972

Mailing Address

14985 N.W. 30TH TERRACE
OKEECHOBEE FL 34972

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

65-0955277

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ARNOLD, SUE
14985 N.W. 30TH TERRACE
OKEECHOBEE FL 34972

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	ARNOLD, SUE	
STREET ADDRESS	14985 N.W. 30TH TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	

TITLE	VD	☐ Delete
NAME	ARNOLD, CLARENCE	
STREET ADDRESS	14985 N.W. 30TH TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	

TITLE	SD	☐ Delete
NAME	MARCUM, WILLIAM E JR.	
STREET ADDRESS	2912 N.W. 144TH DRIVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ 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)(l), 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: *Sue Arnold* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-01

Date

863-765-4630

Daytime Phone #

CR2E037 (10/00)