2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005564

1. Entity Name
North Central Florida Zoological Society, Inc.

FILED
00 MAY 10 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8675 S.W. 52nd Street Ocala, FL 34481	P.O.Box 770824 Ocala, FL 34477-0824

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE
5-10-00 90181/04 $70.00

4. FEI Number ☐ Applied For ☒ Not Applicable

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
Marshall, Alan S ESQ. 36410 U.S. Highway 19 North Palm Harbor, FL 34684	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE	T		TITLE	
NAME	Calabria, Frank		NAME	
STREET ADDRESS	8675 SW 52ND ST		STREET ADDRESS	
CITY-ST-ZIP	Ocala, FL 34481		CITY-ST-ZIP	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Fosbinder, Kay M		NAME	
STREET ADDRESS	630 N. Garden City Road		STREET ADDRESS	
CITY-ST-ZIP	~~Freemont, NE 68025~~		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	VD ☒ Change ☐ Addition
NAME	Gitt, Judy		NAME	Gitt, Judy
STREET ADDRESS	630 N. Garden City Road		STREET ADDRESS	410 East 1ST Street
CITY-ST-ZIP	~~Freemont, NE 68025~~		CITY-ST-ZIP	~~Freemont, NE 68025~~
TITLE	D	☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	Marshall, Alan S		NAME	
STREET ADDRESS	7617 Little Road		STREET ADDRESS	36410 U.S. Highway 19 North
CITY-ST-ZIP	~~New Port Ritchey, FL 34654~~		CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Broehm, Kevin J		NAME	
STREET ADDRESS	8675 SW 52ND STreet, Ocala, FL 34481		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Dempsey, Gary		NAME	
STREET ADDRESS	346 Henry Street		STREET ADDRESS	
CITY-ST-ZIP	South Anboy, NJ 08879		CITY-ST-ZIP	

CR2E037 (9/99)

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: Kevin J. Broehm Broehm, Kevin J. 4/6/00 (352)854-0927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/22