

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90308 026 \*\*\*\*70.00

DOCUMENT # N0000000 3231 (YR 2001)

1. Entity Name  
**NDM Ferret Rescue & Sanctuary, Inc.**  
**PMB #473, 1128 Royal Palm Beach Blvd.**  
**Royal Palm Beach, Fla 33411-1683**

**DO NOT WRITE IN THIS SPACE**

420473

2. Principal Place of Business  
**12105 61ST LANE NO.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1128 Royal Palm Beach Blvd**  
Suite, Apt. #, etc.  
**PMB #473**

DO NOT WRITE IN THIS SPACE

City & State  
**Royal Palm Beach, FL**  
Zip  
**33412**  
Country  
**Palm Beach**

City & State  
**Royal Palm Beach, FL**  
Zip  
**33411-1683**  
Country  
**Palm Beach**

4. FEI Number  
**65-1009138**  
Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**J. Michele Villareale**  
Street Address (P.O. Box Number is Not Acceptable)  
**Same as 2.**  
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

**FEE IS \$61.25  
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>J. Michele Villareale</b> <b>12105 61ST LANE NO.</b> <b>RPB, FL 33412</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>JONENE A. HISCOCK</b> <b>12105 61ST LANE NO</b> <b>RPB, FL 33412</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARIN RILEY</b> <b>6445 NW 62ND Terrace</b> <b>Parkland, FL 33067</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DONA MICHAELS</b> <b>4861 NE 7TH AVE</b> <b>OAKLAND PARK, FL 33334</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DR. SCOTT G. MARTIN</b> <b>1471 FULSON RD.</b> <b>LOXAHATCHEE, FL 33470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE **J. Michele Villareale** **J. Michele Villareale** **2/21/02** **561-784-9453**

CR2E037B (12/01)