

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90110 008 \*\*\*\*70.00

**DOCUMENT # N00000003231**

1. Entity Name

**NDM FERRET RESCUE & SANCTUARY, INC.**



Principal Place of Business

**12105 61ST LANE N  
ROYAL PALM BEACH FL 33412**

Mailing Address

**1128 ROYAL PALM BEACH BLVD.  
PMB 473  
WEST PALM BEACH FL 33411-1683**

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 **65-1009138**

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

**VILLAREALE, JOLENE  
12105 61ST LANE N  
ROYAL PALM BEACH FL 33412**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	VPD						
	VILLAREALE, J. MICHELE	12105 61ST LANE NORTH	ROYAL PALM BEACH FL 33412				
	D						
	RILEY, CARIN	6495 NW 62ND TERRACE	PARKLAND FL 33067				
	D						
	MICHAELS, DONA	4861 NE 7TH AVENUE	OAKLAND PARK FL 33334				
	D						
	MARTIN, SCOTT G DR	1471 FULSOM RD	LOXAHATCHEE FL 33470				
	P						
	HISCOCK, JONENE A	12105 61ST LANE NORTH	ROYAL PALM BEACH FL 33412				

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: *Joleen Michele Villareale* 2/27/03 + 961-784-9453 + 961-471-8876

CR2E037 (10/02)