

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003907

1. Entity Name

ASTORLING SANCTUARY, INC.

FILED

Apr 03, 2002 8:00 am  
Secretary of State

04-03-2002 90042 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4310 NEFF LAKE RD  
BROOKSVILLE FL 34601

PO BOX 82513  
TAMPA FL 33683-2513

00000001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

KRAFT, CINDY  
2209 WHITNEY PL  
VALRICO FL 33594

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME SEMAN, ELIZABETH  
STREET ADDRESS 4310 NEFF LAKE RD  
CITY-ST-ZIP BROOKSVILLE FL 34601 ☐ Delete

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

TITLE VP  
NAME WINSCOTT, CINDY  
STREET ADDRESS 508 LAKEVIEW DR  
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

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

TITLE S  
NAME WINKELMANN, APRIL  
STREET ADDRESS 3141 S EUCLID AV  
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

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

TITLE T  
NAME KRAFT, CINDY  
STREET ADDRESS 2209 WHITNEY PL  
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

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

TITLE T  
NAME SEMAN, ELIZABETH  
STREET ADDRESS 4310 NEFF LAKE RD  
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

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

TITLE T  
NAME KRAFT, CINDY  
STREET ADDRESS 2209 WHITNEY PL  
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)