

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91697 041 ****70.00

DOCUMENT # N00000004331

1. Entity Name

PELICAN POINT WILDLIFE REHABILITATION CENTER, IN C.

00119909



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3454 HECKSCHER DR JACKSONVILLE FL 32211	Mailing Address 3454 HECKSCHER DR JACKSONVILLE FL 32211
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2. Principal Place of Business 3454 Heckscher Dr	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville FL	City & State	4. FEI Number 59-3656153	Applied For <input type="checkbox"/> Not Applicable
Zip 32226	Country U.S.	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FRANSON, ALDRIDGE & SANDS, P.A.
1551 ATLANTIC BOULEVARD
SUITE 200
JACKSONVILLE FL 32207

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIEGEL, SHARMAINE M		NAME	
STREET ADDRESS 3453 HECKSCHER DRIVE		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32211		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIMMONS, LINDA F		NAME	
STREET ADDRESS 3453 HECKSCHER DRIVE		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32211		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIXON, JANICE B		NAME	
STREET ADDRESS 3453 HECKSCHER DRIVE		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32211		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: *Sharmaine Siegel* **Sharmaine Siegel** **5/3/02** **904-751-1578**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)