

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90178 010 \*\*\*\*70.00

**DOCUMENT # N00000005988**

1. Entity Name

**FLORIDA EXOTIC FELINE CENTER, INC.**

Principal Place of Business

**1413 AUBURN GREEN LOOP  
WINTER PARK FL 32792**

Mailing Address

**1413 AUBURN GREEN LOOP  
WINTER PARK FL 32792**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 1140**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**GOLDENROD, FL**

Zip

Country

Zip

Country

**32733**

**USA**

4. FEI Number

**59-3671735**

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

**VANWAGNER, JOHN  
1413 AUBURN GREEN LOOP  
WINTER PARK FL 32792**

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 **PD** ☐ Delete  
NAME **PRESTON, MICHAEL III**  
STREET ADDRESS **1586 LAWDALE CIRCLE**  
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE **VD** ☐ Delete  
NAME **HAMMONS, DEBBIE**  
STREET ADDRESS **1584 LAWDALE CIRCLE**  
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE **STD** ☐ Delete  
NAME **VANWAGNER, JOHN**  
STREET ADDRESS **1413 AUBURN GREEN LOOP**  
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**MICHAEL PRESTON III**

**1/16/2001 407-677-1520**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)