

2001 UNIFORM BUSINESS REPORT (UBR)

1/8/01-9

FILED
Feb 08, 2001 8:00 am
Secretary of State

01-08-2001 90043 050 ****69.00

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1. Entity Name

JUNGRALA' WILDLIFE SANCTUARY, INC.

Principal Place of Business

1670 N.W. 72 CT.
 GILCHRIST CO.
 BELL FL 32619

Mailing Address

1670 N.W. 72 Court
 Bell, FL 32619

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2521317

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SUSAN H
 1670 N.W. 72 COURT
 BELL FL 32619

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, SUSAN H 1670 N.W. 72 CT. BELL FL 32619	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VENABLE, JEFFREY C 1670 N.W. 72 CT. BELL FL 32619	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRETT, ALLAN 1670 N.W. 72 CT. BELL FL 32619	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, SUSAN H. 1670 NW 72 COURT BELL, FL. 32619	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VENABLE, JEFFREY C. 12490 N.W. 90TH AVE. CHIEFLAND FL. 32626	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRETT, DONALD A. 1670 N.W. 72 COURT BELL, FL. 32619	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-01

Date

352-463-7243

Daytime Phone #

CR2E037 (10/00)