

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006824

1. Entity Name

JUNGRALA' WILDLIFE SANCTUARY, INC.

FILED

Jan 23, 2002 8:00 am  
Secretary of State

01-23-2002 90044 035 \*\*\*\*61.25

Principal Place of Business

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

Mailing Address

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

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 59-2521317

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

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

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

*Susan H Johnson, Agent*

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

1-12-02

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  
NAME JOHNSON, SUSAN H  
STREET ADDRESS 1670 N.W. 72 CT.  
CITY-ST-ZIP BELL FL 32619 ☐ Delete

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 1670 N.W. 72 COURT, P.O. Box 65.  
CITY-ST-ZIP BELL, FL. 32619-0065

TITLE SD  
NAME VENABLE, JEFFREY C  
STREET ADDRESS 1670 N.W. 72 CT.  
CITY-ST-ZIP BELL FL 32619 ☒ Delete

TITLE SD  
NAME GARRETT, DALLAN  
STREET ADDRESS 1670 N.W. 72 CT.  
CITY-ST-ZIP BELL, FL 32619-0065 ☒ Change ☐ Addition

TITLE TD  
NAME GARRETT, ALLAN  
STREET ADDRESS 1670 N.W. 72 CT.  
CITY-ST-ZIP BELL FL 32619 ☐ Delete

TITLE TD  
NAME STIEVE, RAYMOND, E.  
STREET ADDRESS 1670 N.W. 72 CT.  
CITY-ST-ZIP BELL, FL 32619-0065 ☐ Change ☒ Addition

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:

*Susan H Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-02

Date

352-463-7243

Daytime Phone #

CR2E037 (9/01)