

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000412

1. Entity Name

SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC.

Principal Place of Business

1161 27TH STREET SOUTHWEST
NAPLES FL 34117

Mailing Address

1161 27TH STREET SOUTHWEST
NAPLES FL 34117

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

59-3691867

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 NAME STREET ADDRESS CITY-ST-ZIP	PST SMITH, NANCY J 1161 27TH STREET SOUTHWEST NAPLES FL 34117	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLOMAN, MICHAEL 1161 27TH STREET SOUTHWEST NAPLES FL 34117	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINEHART, PAM 1161 27TH STREET SOUTHWEST NAPLES FL 34117	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, GEORGE K 1161 27TH STREET SOUTHWEST NAPLES FL 34117	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deanna Deppen 1161 27th St SW Naples, FL 34117	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sandy Carter 1161 27th St SW Naples, FL 34117	☐ 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] President

2/18/02 455-1698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90058 022 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)