2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State
01-15-2003 90314 020 ****61.25

DOCUMENT # N01000000412

1. Entity Name
SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CEN TER, INC.

Principal Place of Business	Mailing Address
1161 27TH STREET SOUTHWEST NAPLES FL 34117	1161 27TH STREET SOUTHWEST NAPLES FL 34117

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida 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	P NANCY SMITH 1161 27 st SW NAPLES FL 34117	☒ Change ☐ Addition
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	V.P., Executive, Director Michael Kloman 1161 27 st SW Naples FL 34117	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEPPEN, DEANNA 1161 27TH STREET SOUTHWEST NAPLES FL 34117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O S Deanna Deppen 1161 27 st SW Naples FL 34117	☒ Change ☐ Addition
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	D Cheryl Lewis 1161 27 st S.W. Naples, FL 34117	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D-T Wendi Ryba 1161 27th St SW Naples FL 34117	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAGGI RADCLIFFE 1161 27st SW Naples FL 34117	☐ Change ☒ Addition

CR2E037 (10/02)

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 Michael Kloman 1/12/03 239-450-4541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #