

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000002068

1. Entity Name

DESTINY BIG CAT SANCTUARY, INC.

Principal Place of Business

6232 HANCOCK RD
FT LAUDERDALE FL 33024

Mailing Address

6232 HANCOCK RD
FT LAUDERDALE FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SCHACK, EDWARD J
6232 HANCOCK RD
FT LAUDERDALE FL 33024

7. Name and Address of New Registered Agent

Name CANZONETTA, VICTORIA

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 D ☒ Delete
NAME KOTTLER, MARK
STREET ADDRESS 6232 HANCOCK RD
CITY-ST-ZIP FT LAUDERDALE FL 33024

TITLE D ☐ Delete
NAME SELDON, BARRY
STREET ADDRESS 6232 HANCOCK RD
CITY-ST-ZIP FT LAUDERDALE FL 33024

TITLE D ☐ Delete
NAME CANZONETTA, VICTORIA
STREET ADDRESS 6232 HANCOCK RD
CITY-ST-ZIP FT LAUDERDALE FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

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

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

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

TITLE ☐ Change ☒ Addition
NAME CANZONETTA, EUNABETH
STREET ADDRESS 5819 E. MONTGOMERY ROAD
CITY-ST-ZIP CAVE CROOK, FL 33531

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90076 014 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2308355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/01)