

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02823

1. Entity Name

WILD ANIMAL RETIREMENT VILLAGE, INC.

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90027 040 \*\*\*\*70.00

Principal Place of Business

Mailing Address

8901 NE HWY 301  
WALDO FL 32694  
US

STAR ROUTE BOX 800  
WALDO FL 32694

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2409387

Applied For

Not Applicable

Zip

Country

ALABAMA

Zip

Country

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

HOLLIN, DR. HARRY  
229 SW 43RD TERRACE  
GAINESVILLE FL 32607

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 PD  
NAME SCHULER, MR.EUGENE M.  
STREET ADDRESS 8901 NE HWY 301  
CITY-ST-ZIP WALDO FL ☐ Delete

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

TITLE VD  
NAME SCHULER, FRANCES L.  
STREET ADDRESS 8901 NE HWY 301  
CITY-ST-ZIP WALDO FL ☐ Delete

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

TITLE STD  
NAME KISTNER, SANDRA  
STREET ADDRESS 1022 WYNDHAM WAY  
CITY-ST-ZIP SAFTEY HARBAR FL ☐ Delete

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

TITLE D  
NAME WALLEDA, MRS.CARLA  
STREET ADDRESS 3842 SUGAR LANE  
CITY-ST-ZIP SARASOTA FL ☐ Delete

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

TITLE D  
NAME HOLLIN,DR. HARRY  
STREET ADDRESS 229 SW 43RD TERRACE  
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

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

TITLE D  
NAME HINNEBUSCH, MR. MARK  
STREET ADDRESS 3669 NW 23RD AVENUE  
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

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: *Francis Schuler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 352468-1953  
Date Daytime Phone #

CR2E037 (9/01)