

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10297

1. Entity Name

ANN YOUNG WILDBIRD REFUGE, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90001 049 \*\*\*\*61.25

Principal Place of Business

157 E. NEW ENGLAND AVE.  
SUITE 375  
WINTER PARK FL 32789

Mailing Address

157 E. NEW ENGLAND AVE.  
SUITE 375  
WINTER PARK FL 32789-7025

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

59-3048213

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

HOBBY, WILLIAM M III  
1327 N MILLS AVE  
ORLANDO FL 32803

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

D ☐ Delete  
YOUNG, ANN  
205 ROBIN ROAD  
ALTAMONTE SPGS. FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Delete  
HARTLIEF, JOANIE  
1840 MEGASER WAY  
GENEVA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Delete  
LA TUSHA, LINDA  
HC 30 BOX 851  
PRESCOTT AZ

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Delete  
ROBERTS, ANN  
2709 CATTAIL CT.  
LONGWOOD FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 of William M. Hobby III* **WILLIAM M. HOBBY III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*February 18, 2000*

Daytime Phone #

CR2E037 (9/99)