

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91195 044 ****61.25

DOCUMENT # N10297

1. Entity Name
ANN YOUNG WILDBIRD REFUGE, INC.



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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 59-3048213	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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

TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, ANN	
STREET ADDRESS	205 ROBIN ROAD	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARTLIEF, JOANIE	
STREET ADDRESS	1840 MEGASER WAY	
CITY-ST-ZIP	GENEVA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LA TUSHA, LINDA	
STREET ADDRESS	3385 LAKE HARNEY CIRCLE	
CITY-ST-ZIP	GENEVA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, ANN	
STREET ADDRESS	HC 30 BOX 851	
CITY-ST-ZIP	PRESCOTT AZ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBBIE GALBRAITH	
STREET ADDRESS	37605 CR. 44A	
CITY-ST-ZIP	EUSTIS, FLORIDA 32736	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHNA JAMES	
STREET ADDRESS	4703 STATE RD. 33	
CITY-ST-ZIP	CLERMONT, FLORIDA 34711-8671	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X SIGNATURE REQUIRED**

4-18-03 (407) 339-2900

CR2E037 (10/02)