

DOCUMENT # N11636

1. Entity Name

PELICAN MAN'S BIRD SANTUARY, INC.

Principal Place of Business

1708 KEN THOMPSON PKWY.
SARASOTA FL 34236
US

Mailing Address

1708 KEN THOMPSON PKWY
SARASOTA FL 34236
US

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

59-2645271

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

SHIELDS, DALE
3808 GULF OF MEXICO DR
LONGBOAT KEY FL 34228

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHIELDS, DALE W.	
STREET ADDRESS	3808 GULF OF MEXICO DR	
CITY-ST-ZIP	LONGBOAT KEY FL	

TITLE	VDE	<input type="checkbox"/> Delete
NAME	SCHONBRUNN, MONA	
STREET ADDRESS	2301 GULF OF MEXICO DR	
CITY-ST-ZIP	LONGBOAT KEY FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	KELLEY, STELLA	
STREET ADDRESS	3710 GULF OF MEXICO DR., G4	
CITY-ST-ZIP	LONGBOAT KEY FL	

TITLE	TD	<input type="checkbox"/> Delete
NAME	MERCURIO, JOHN	
STREET ADDRESS	713 S ORANGE AVENUE	
CITY-ST-ZIP	SARASOTA FL	

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		<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
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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:

Mona Schonbrunn, Inc. DALE W. Shields, Inc. MONA SCHONBRUNN, INC.

Date

1-5-01

Daytime Phone #

941-388-4444

CR2E037 (10/00)