

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90084 028 ****61.25

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
1708 KEN THOMPSON PKWY.
SARASOTA FL 34236**

Name

SCHONBRUNN, MONA

Street Address (P.O. Box Number is Not Acceptable)

1708 KEN THOMPSON PKWY

City

SARASOTA

FL

Zip Code

34236

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

Mona Schonbrunn, PhD Dr. Mona Schonbrunn

1/10/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **SHIELDS, DALE W.**
STREET ADDRESS **3806 GULF OF MEXICO DR**
CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **SCHONBRUNN, MONA**
STREET ADDRESS **2301 GULF OF MEXICO DR**
CITY-ST-ZIP **LONGBOAT KEY, FL**

TITLE **VDE** ☒ Delete
NAME **SCHONBRUNN, MONA**
STREET ADDRESS **2301 GULF OF MEXICO DR**
CITY-ST-ZIP **LONGBOAT KEY FL**

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

TITLE **SD** ☐ Delete
NAME **KELLEY, STELLA**
STREET ADDRESS **3710 GULF OF MEXICO DR., G4**
CITY-ST-ZIP **LONGBOAT KEY FL**

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

TITLE **TD** ☐ Delete
NAME **MERCURIO, JOHN**
STREET ADDRESS **713 S ORANGE AVENUE**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Mona Schonbrunn, PhD Dr. Mona Schonbrunn

1/10/03 941-388-4444

CR2E037 (10/02)