

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12834

1. Entity Name

BIRD EMERGENCY AID AND KARE SANCTUARY, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90102 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

12084 HOUSTON AVENUE  
JACKSONVILLE FL 32226

12084 HOUSTON AVENUE  
JACKSONVILLE FL 32226-2529

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

59-2588840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOSLING, CYNTHIA  
12084 HOUSTON AVENUE  
JACKSONVILLE FL 32226

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 ☐ Delete

NAME MOSLING, CYNTHIA  
STREET ADDRESS 12084 HOUSTON AVENUE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ Delete

NAME STEWART, CARL M  
STREET ADDRESS 1301 RIVERPLACE BLVD. SUITE 1500  
CITY-ST-ZIP JACKSONVILLE FL

TITLE STD ☐ Delete

NAME LILISKIS, ANDREW M  
STREET ADDRESS 12084 HOUSTON AVENUE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete

NAME HEALY, E. ANDRUS  
STREET ADDRESS 4423 PLEASANT HILL DR.  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 1050 RIVERSIDE AVE., POB 4550  
CITY-ST-ZIP JACKSONVILLE, FL. 32201

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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: Andrew M. Liliskis 3/1/2000 904/251-2413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)