

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12834

1. Entity Name

BIRD EMERGENCY AID AND KARE SANCTUARY, INC.

Principal Place of Business

Mailing Address

12084 HOUSTON AVENUE
JACKSONVILLE FL 32226

12084 HOUSTON AVENUE
JACKSONVILLE FL 32226

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

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

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

TITLE
NAME VD
STREET ADDRESS STEWART, CARL M
CITY-ST-ZIP 1050 RIVERSIDE AVE POB 4550
JACKSONVILLE FL 32201

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB 12, 2002 904/251-2473



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)