2001 UNIFORM BUSINESS REPORT (UBR)

Jan 13, 2001 8:00 am Secretary of State **DOCUMENT # N19576** AMBER LAKE WILDLIFE REFUGE AND REHABILITATION CE 01-13-2001 90010 021 ****61.25 Principal Place of Business Mailing Address 297 ARTISTS AVENUE 297 ARTISTS AVENUE ENGLEWOOD FL 34223 ENGLEWOOD FL 34223 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2766635 Not Applicable \$8.75 Additional Country Zio Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVENUE SARASOTA FL 34236 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CR2E037 (10/00) ☐ Addition Delete TITI F TITLE PIERSON, EDWIN LEWIS NAME NAME STREET ADDRESS 297 ARTISTS AVENUE STREET ADDRESS CITY-ST-ZIP **ENGLEWOOD FL 34223** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE BOTELSON, ROGER A DJM NAME STREET ADDRESS 381-EDEN.DRIVE STREET ADDRESS **ENGLEWOOD FL 34223** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete BASS, JOHN, IV NAME 1490 HOMESTEAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ENGLEWOOD FL 34223** __ Change ☐ Addition TITLE TITLE ☐ Delete MACK, KERRY E NAME NAME 2022 PLACIDA ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-70P **ENGLEWOOD FL 34223** Change ☐ Addition ☐ Delete TITLE TITLE PIERSON, RHONDA F NAME NAME 701 EDWARDS STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **ENGLEWOOD FL 34223** Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED