

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20900

1. Entity Name

ALL CREATURES WILDLIFE SANCTUARY, INC.

Principal Place of Business

Mailing Address

5459 SE 30TH ST
C/O JO ANNE PEARSON
TRENTON FL 32693
US

5459 SE 30TH ST
~~C/O JOANNE PEARSON~~
TRENTON FL 32693-4547
US

JO ANNE
PEARSON

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2823913

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

PEARSON, JO ANNE
5459 SE 30TH ST
TRENTON FL 32693

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 PEARSON, JO ANNE
STREET ADDRESS 5459 SE 30TH ST
CITY-ST-ZIP TRENTON FL

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

TITLE VD ☐ Delete
NAME PEARSON, LORRAINE R.
STREET ADDRESS 215 E. LOVE STREET
CITY-ST-ZIP MEXICO MO

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

TITLE SD ☐ Delete
NAME MILNER, JOHN E
STREET ADDRESS 2528 CEDRONELLA DR
CITY-ST-ZIP CHAPEL HILL NC 27514

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

TITLE TD ☐ Delete
NAME MCGEE, GENEVA
STREET ADDRESS 2350 N. LAMA POINT
CITY-ST-ZIP HERNANDO 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: Jo Anne Pearson JO ANNE PEARSON 1/7/00 352-492-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #