

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2002 8:00 am  
Secretary of State

02-03-2002 90009 018 \*\*\*\*61.25

DOCUMENT # N20900

1. Entity Name

ALL CREATURES WILDLIFE SANCTUARY, INC.

Principal Place of Business

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

Mailing Address

5459 SE 30TH ST  
C/O JOANNE PERSON  
TRENTON FL 32693  
US

2. Principal Place of Business

SAME

3. Mailing Address

SAME

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

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

Name

SAME

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

Jo Anne Pearson

1/20/02

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE SD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME MCMANUS, JOYCE M  
STREET ADDRESS 7270 NW 97TH PLACE  
CITY-ST-ZIP CHIEFLAND FL 32626

☒ Delete

TITLE TD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 of 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 #

1/20/02

352-472-4700

CR2E037 (9/01)