2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2000 8:00 am Secretary of State **DOCUMENT # N23813** 1. Entity Name TAMPA BAY WILDLIFE FEDERATION, INC. 01-26-2000 90049 008 ****61 25 Principal Place of Business Mailing Address P O BOX 21412 P O BOX 21412 TAMPA FL 33622-1412 TAMPA FL 33622-8412 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2885572 Not Applied Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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) WALKER, CHARLES R JR 6240 105 TER NO PINELLAS PARK FL 33782 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 Stonature, 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 Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE PD Delete TITLE Change Addition Thornhill, barry E. NAME THORNHILL LARRY E. NAME 1104 Bristolwood St. STREET ADDRESS STREET ADDRESS 1104 BRISTOLWOOD ST CITY-ST-ZIP Branden, PL CITY-ST-ZIP BRANDON FL TITLE D ☐ Delete Change Addition Millar, Jody Lais St. 3823 San Lais St. NAME MILLAR, JODY NAME STREET ADDRESS STREET ADDRESS 3823 SAN LUIS STREET tampa, FL CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Thornbill, Sandy TITLE Delete TITLE ☐ Change **Addition** 1104 Bristolwood St NAME FERLITA, JOHN NAME STREET ADDRESS STREET ADDRESS **4815 RIVERSHOR DRIVE** Braidon, FL CITY-ST-ZIP CITY-ST-ZIP LUTZ FL Delete TITLE Change Addition TITLE BLAKE, WILLIAM SR. NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 9066 N/A CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete ☐ Change Addition TITL F TITLE TD WALKER, CHARLES R. NAME NAME 6240 105TH TERR NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL ☐ Delete Addition ☐ Change 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 true ee and owered 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 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 true ee and owered to execute this report as required by Chapter 617, Florida Statutes and Italian and other law of the corporation of the corporation of the receiver or true ee and owered to execute this report as required by Chapter 617, Florida Statutes and Italian and other law of the corporation of the corpo

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR