

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90101 042 \*\*\*\*61.25

**DOCUMENT # N23813**

1. Entity Name

**TAMPA BAY WILDLIFE FEDERATION, INC.**



Principal Place of Business

**P O BOX 21412  
TAMPA FL 33622-8412**

Mailing Address

**P O BOX 21412  
TAMPA FL 33622-8412**

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 **59-2885572**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER, CHARLES R JR  
6240 105 TER NO  
PINELLAS PARK FL 33782**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **THORNHILL, LARRY E.**  
STREET ADDRESS **1104 BRISTOLWOOD ST**  
CITY-ST-ZIP **BRANDON FL**

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

TITLE **PD** ☐ Delete  
NAME **MILLAR, JODY**  
STREET ADDRESS **3823 SAN LUIS STREET**  
CITY-ST-ZIP **TAMPA FL**

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

TITLE **SD** ☐ Delete  
NAME **THORNHILL, SANDY**  
STREET ADDRESS **1104 BRISTOLWOOD ST**  
CITY-ST-ZIP **BRANDON FL**

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

TITLE **D** ☐ Delete  
NAME **BLAKE, WILLIAM SR.**  
STREET ADDRESS **P.O. BOX 9066 N/A**  
CITY-ST-ZIP **TAMPA FL**

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

TITLE **TD** ☐ Delete  
NAME **WALKER, CHARLES R.**  
STREET ADDRESS **6240 105TH TERR NORTH**  
CITY-ST-ZIP **PINELLAS PARK FL**

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

TITLE **D** ☐ Delete  
NAME **GUNTER, BONNIE**  
STREET ADDRESS **P O BOX 387**  
CITY-ST-ZIP **MANGO FL 33550**

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: *Charles R. Walker Jr.* **1-25-03 7275467257**

CR2E037 (10/02)