

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90391 012 ****61.25

DOCUMENT # N25053

1. Entity Name

ST. JOHNS WILDLIFE CARE, INC.

Principal Place of Business

Mailing Address

1000 ARRICOLA AVENUE
ST. AUGUSTINE FL 32084

1000 ARRICOLA AVENUE
ST. AUGUSTINE FL 32084

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

59-2886314

Applied For

Not Applicable

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

ZIMMERMAN, WILLIAM P.
THREE PALM ROW
ST. AUGUSTINE FL 32084

Name

Nancy J. Barnard

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

100 Arricola Ave.

City

St. Augustine

FL

Zip Code
32084

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

Nancy J. Barnard
Nancy J. Barnard

4-18-00

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 DP ☒ Delete
NAME MARSH, KATHIE
STREET ADDRESS 25 DOLPHIN DR
CITY-ST-ZIP ST. AUGUSTINE FL 32084

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

TITLE D ☐ Delete
NAME BARNARD, NANCY
STREET ADDRESS 2884 KINGS ROAD
CITY-ST-ZIP ST. AUGUSTINE FL

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

TITLE D ☒ Delete
NAME SCHMIDT, FRED
STREET ADDRESS 706 ASTURIAS ST.
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ Change ☒ Addition
NAME Inman, Randall
STREET ADDRESS 5705 C.R. 208
CITY-ST-ZIP St. Augustine, FL 32092

TITLE DS ☐ Delete
NAME SMITH, LORA
STREET ADDRESS 1000 E MOODY BLVD
CITY-ST-ZIP BUNNELL FL 32110

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

TITLE DVP ☐ Delete
NAME INMAN, KAREN
STREET ADDRESS 5706 C R 208
CITY-ST-ZIP ST AUGUSTINE FL 32092

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Change ☒ Addition
NAME Stauber, Evelyn
STREET ADDRESS 5155 Avenue B
CITY-ST-ZIP St. Augustine, FL 32095

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:

Nancy J. Barnard

4/18/00 904-824-2881 X12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)