

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90008 046 ****61.25

0014124

DOCUMENT # N40946

1. Entity Name

OPERATION WILD LIFE SURVIVAL, INC.

Principal Place of Business

**636 BEARD ST.
TALLAHASSEE FL 32303
US**

Mailing Address

**636 BEARD ST.
TALLAHASSEE FL 32303**

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

65-0233640

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLOOM, KENNETH M.
800 BRICKELL AVE
STE 1100
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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.

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

TITLE **DPT** ☐ Delete
NAME **FLEITMAN, JANE**
STREET ADDRESS **636 BEARD ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**TITLE **DV** ☐ Delete
NAME **FLEITMAN, PETER**
STREET ADDRESS **1767-HERMITAGE BLVD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**TITLE **D** ☐ Delete
NAME **BLOOM, KENNETH M.**
STREET ADDRESS **800 BRICKELL AVE STE 1100**
CITY-ST-ZIP **MIAMI FL 33131**TITLE **S** ☐ Delete
NAME **BECK, MARGARET**
STREET ADDRESS **830 WATTS DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE FLEITMAN, JANE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/10/01 (850) 222-2269

Daytime Phone #

CR2E037 (10/00)