

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90071 024 ***61.25

DOCUMENT # N40946

1. Entity Name

OPERATION WILD LIFE SURVIVAL, INC.

Principal Place of Business

Mailing Address

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

**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 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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DPT** ☐ Delete
NAME **FLEITMAN, JANE**
STREET ADDRESS **636 BEARD ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE **DV** ☐ Delete
NAME **FLEITMAN, PETER**
STREET ADDRESS **1767 HERMITAGE BLVD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **DV** ☒ Change ☐ Addition
NAME **Fleitman, Peter**
STREET ADDRESS **5000 Culbreath Key Way Suite #9-222**
CITY-ST-ZIP **Tampa, FL 33611**

TITLE **D** ☐ Delete
NAME **BLOOM, KENNETH M.**
STREET ADDRESS **800 BRICKELL AVE STE 1100**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **S** ☐ Delete
NAME **BECK, MARGARET**
STREET ADDRESS **830 WATTS DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jane Fleitman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane Fleitman, Director 2/16/02

222-2269

CR2E037 (9/01)