

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

FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90127 033 *****70.00

0017596

DOCUMENT # N41464

1. Entity Name

**EVERGLADES WILDLIFE SANCTUARY AND REHABILITATION
CENTER, INC.**



Principal Place of Business

**745 F ROAD
LABELLE FL 33935
US**

Mailing Address

**P.O. BOX 201
DADA FL 33004
US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 2326

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

L2 Belle, FL

4. FEI Number **65-0227487**

Applied For

Not Applicable

Zip

Country

Zip

Country

33935 Henday

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

**KOCHINSKY, LYLE DR
200 DIPLOMAT PKWY
HALLANDALE FL 33009**

**745 F RD
L2 Belle, FL 33935**

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 ☐ Delete
NAME **FED KOCHINSKY, LYLE DR**
STREET ADDRESS **14799 BASS CREEK RD.**
CITY-ST-ZIP **MIRAMAR FL**

TITLE ☒ Change ☐ Addition
NAME **FED Kochinsky, Lyle, DR**
STREET ADDRESS **745 F RD**
CITY-ST-ZIP **L2 Belle, FL 33935**

TITLE ☐ Delete
NAME **D FLETCHER, ANDREW H**
STREET ADDRESS **621 SW 4TH ST**
CITY-ST-ZIP **HALLANDALE FL**

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

TITLE ☐ Delete
NAME **D THOMPSON, CAROLYN**
STREET ADDRESS **200 DIPLOMAT PKWY**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☒ Change ☐ Addition
NAME **D Thompson, Carolyn**
STREET ADDRESS **745 F RD**
CITY-ST-ZIP **L2 Belle, FL 33935**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **Lyle Kochinsky**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-6-03
3-6-03 863-612-1177**

CR2E037 (10/02)