

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41573

1. Entity Name

HARTLIEF FARMS WILDLIFE REHABILITATION CENTER, I

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90194 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1840 MEGANSER WAY  
GENEVA FL 32732

1840 MEGANSER WAY  
GENEVA FL 32732-8925

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

59-3053407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

SNOW, JOHN R.  
370 N. ORANGE AVE.  
STE. #D400  
ORLANDO FL 32779

Name

Joan Hartlief

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

1840 Meganser Way

City

Geneva

FL

Zip Code

32732

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

*Joan E. Hartlief*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

May 1, 2000

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 PCD ☐ Delete  
NAME HARTLIEF, JOAN  
STREET ADDRESS 1840 MEGANSER WAY  
CITY-ST-ZIP GENEVA FL

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

TITLE VD ☐ Delete  
NAME IBRAHIM, MARIAM  
STREET ADDRESS 895 PALM WAY  
CITY-ST-ZIP SANFORD FL 32773

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

TITLE D ☐ Delete  
NAME YOUNG, MARY ANN  
STREET ADDRESS 201 ROBIN ROAD  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

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

TITLE DM ☐ Delete  
NAME HARTLIEF, KYLE B  
STREET ADDRESS 1840 MEGANSER WAY  
CITY-ST-ZIP GENEVA FL

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

TITLE D ☐ Delete  
NAME TANNER, LISA L  
STREET ADDRESS 2963 LOWERY DRIVE  
CITY-ST-ZIP OVIEDO FL

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:

*Joan E. Hartlief*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2000

Date

Daytime Phone #