

2002 UNIFORM BUSINESS REPORT (UBR)

0003915

DOCUMENT # N41573

1. Entity Name

HARTLIEF FARMS WILDLIFE REHABILITATION CENTER, INC.

FILED

02 NOV 25 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1840 MEGANSER WAY
GENEVA FL 32732

P O BOX 02
GENEVA FL 32732

2. Principal Place of Business

3. Mailing Address

1677 Riveredge Rd

Suite, Apt. #, etc. (same)

City & State

City & State

Oviedo

Zip

Country

Zip

Country

FL

USA

32766

4. FEI Number

59-3053407

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

HARTLIEF, JOAN
1840 MEGANSER WAY
GENEVA FL 32732

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

After September 13, 2002,
min. will be \$236.25.

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

500008634775
10/28/02--01111--026 **\$1.25

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

500008634775
12/04/02--01082--025 **\$175.00

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DM
NAME HARTLIEF, KYLE B
STREET ADDRESS P O BOX 565
CITY-ST-ZIP GENEVA FL 32732

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Michael Hartlieb* REQUIRED *8-20-02* 407-977-3497

CR2E037 (4/02)