

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

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90501 035 \*\*\*\*70.00

DOCUMENT # N93000000160  
1. Entity Name  
TLC for Wildlife Inc

**DO NOT WRITE IN THIS SPACE**

80058799

2. Principal Place of Business  
6109 Carlton Ave  
Suite, Apt. #, etc.

3. Mailing Address  
6109 Carlton Ave  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
SARASOTA FL

City & State  
SARASOTA FL

4. FEI Number  
65-0383978

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Zip  
34231 Country  
USA

Zip  
34231 Country  
USA

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Lisa C Rhodin

Street Address (P.O. Box Number is Not Acceptable)  
6109 Carlton Avenue

City  
Sarasota FL Zip Code  
34231

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25 Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Rhodin, Lisa 6109 Carlton Avenue SARASOTA FL 34231</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Terry RUTHEUFF 6109 CARLTON Avenue SARASOTA FL 34231</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Donald Swerida DVM 684 Pineapple Place Venice FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Jack Landess DVM 405 Albee Road West Nokomis FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Jan Doherty 16416 Golf Course Road Parrish FL 34219</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MARK Finhout 2009 Myakka Road SARASOTA FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 03 20 02 941 924 0273  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #