

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90128 045 ****70.00

DOCUMENT # N93000000166

1. Entity Name

T.L.C. FOR WILDLIFE, INC.



Principal Place of Business

**6109 CARLTON AVE
SARASOTA FL 34231
US**

Mailing Address

**6109 CARLTON AVE
SARASOTA FL 34231
US**

2. Principal Place of Business

6109 Carlton Ave

Suite, Apt. #, etc.

3. Mailing Address

6109 Carlton Ave

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34231

Country

USA

Zip

34231

Country

USA

4. FEI Number **65-0383978**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RHODIN, LISA
6109 CARLTON AVENUE
SARASOTA FL 34241**

7. Name and Address of New Registered Agent

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	RHODIN, LISA	6109 CARLTON AVE	SARASOTA FL 34231	<input type="checkbox"/>
D	RUTHRUFF, TERRY	6109 CARLTON AVE	SARASOTA FL 34231	<input type="checkbox"/>
DVM	SWERIDA, DONALD	684 PINEAPPLE PLACE	VENICE FL	<input type="checkbox"/>
DVM	LANDESS, JACK D	405 ALBEE RD WEST	NOKOMIS FL	<input type="checkbox"/>
P	DOHERTY, JAN	16416 GOLF COURSE ROAD	PARRISH FL 34219	<input type="checkbox"/>
D	FINEHOUT, MARK	2009 MYAKKE ROAD	SARASOTA FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-13-03 941924 0273