

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90007 027 ****61.25

DOCUMENT # N93000000237

1. Entity Name

UPPER CAPTIVA WILDLIFE FOUNDATION, INC.

Principal Place of Business

Mailing Address

P O BOX 503
 PINELAND FL 33945

P O BOX 503
 PINELAND FL 33945



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0392811

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHAW, LOUISE J
331 SPANISH GOLD LANE
UPPER CAPTIVA ISLAND FL 33945

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DPV** Delete
 NAME **SHAW, LOUISE J**
 STREET ADDRESS **331 SPANISH GOLD LN**
 CITY-ST-ZIP **UPPER CAPTIVA ISLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DST** Delete
 NAME **SCOTT, SUSANNE**
 STREET ADDRESS **331 SPANISH GOLD LN**
 CITY-ST-ZIP **UPPER CAPTIVA ISLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WALKER, GARY**
 STREET ADDRESS **4241 POINT HOUSE TRAIL**
 CITY-ST-ZIP **UPPER CAPTIVA ISLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SIMMONS, RONALD**
 STREET ADDRESS **341 PIECES OF EIGHT**
 CITY-ST-ZIP **UPPER CAPTIVA ISLAND 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

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: *Louise Shaw* **LOUISE SHAW** Director
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-2001 941-472-6841
 Date Daytime Phone #

CR2E037 (10/00)