

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000323

1. Entity Name

WILDLIFE RECOVERY CENTER OF THE PALM BEACHES, IN

Principal Place of Business

Mailing Address

12567 61 ST. NORTH  
PALM BEACH FL 33412

12567 61 ST. NORTH  
ROYAL PALM BEACH FL 33412

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

65-0466567

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

MURRELL, DONNIE  
319 CLEMATIS ST  
SUITE 400  
WEST PALM BEACH FL 33401

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ROSENBERG, ELLEN	12567 61 ST. NORTH	ROYAL PALM BEACH FL 33412	<input type="checkbox"/>
VD	PERRONE, BARBARA	12567 61 ST. NORTH	ROYAL PALM BEACH FL 33412	<input type="checkbox"/>
SD	ROSENBERG, LILA	12567 61 ST. NORTH	ROYAL PALM BEACH FL 33412	<input type="checkbox"/>
TD	LEWIS, SANDY	12567 61 ST. NORTH	ROYAL PALM BEACH FL 33412	<input type="checkbox"/>
D	HAAS, BABS	12567 61 ST. NORTH	ROYAL PALM BEACH FL 33412	<input type="checkbox"/>
				<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"/>

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:

*Ellen Rosenberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/24/00 Daytime Phone #: 861-793-8075

CR2E037 (9/99)