

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003779

1. Entity Name

FLORIDA WILD MAMMAL ASSOCIATION, INC.

Principal Place of Business

198 EDGAR POOLE RD.
CRAWFORDVILLE FL 32327

Mailing Address

198 EDGAR POOLE RD.
CRAWFORDVILLE FL 32327-4264

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

65-0508616

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

LESTRANGE, BETTE
PLAZA 3000 3020 NORTH FEDERAL HIGHWAY
BUILDING 11
FT. LAUDERDALE FL 33306

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	PD	<input type="checkbox"/> Delete
NAME	BEATTY, MICHAEL	
STREET ADDRESS	198 EDGAR POOLE RD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ANDERSON, DEBBIE	
STREET ADDRESS	6192A LAUREL LN	
CITY-ST-ZIP	TAMARAC FL	
TITLE	MD	<input type="checkbox"/> Delete
NAME	BEATTY, CHRISTINE	
STREET ADDRESS	198 EDGAR POOLE RD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DENMARK, ELIZABETH	
STREET ADDRESS	32 JASON ST.	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KUETHER, LYNDIA	
STREET ADDRESS	13 DOUGLAS DRIVE	
CITY-ST-ZIP	HERRIN IL 62948	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEIL, TRICE	
STREET ADDRESS	1819 RAAB	
CITY-ST-ZIP	BELLEVILLE IL 62226	

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATTY, MICHAEL	
STREET ADDRESS	198 EDGAR POOLE RD	
CITY-ST-ZIP	CRAWFORDVILLE, FLA 32327	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DEBBIE	
STREET ADDRESS	6192A LAUREL LN	
CITY-ST-ZIP	TAMARAC, FLA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENMARK, ELIZABETH	
STREET ADDRESS	32 JASON STREET	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIE VANETTE	
STREET ADDRESS	LOWER BRIDGE RD	
CITY-ST-ZIP	CRAWFORDVILLE, FLA 32327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 a address, with a holder like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90036 044 ****61.25

C0036157



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)