2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90251 001 ****61.25

DOCUMENT # N94000003779

1. Entity Name

FLORIDA WILD MAMMAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
198 EDGAR POOLE RD. CRAWFORDVILLE.FL 32327	198 EDGAR POOLE RD. CRAWFORDVILLE.FL 32327

362102

DO NOT WRITE IN THIS SPACE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BEATTY, MICHAEL 198 EDGAR POOLE RD CRAWFORDVILLE FL 32327	☐ Delete	PD	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANDERSON, DEBORAH 2989 SW 137 TH TERRACE DAVIE FL 33330-1137	☐ Delete	VPD	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD BEATTY, CHRISTINE 198 EDGAR POOLE RD CRAWFORDVILLE FL 32327	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DENMARK, ELIZABETH 32 JASON ST. CRAWFORDVILLE FL 32327	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAMETTE, JULIE 582 ARBOR DRIVE CARMEL IN 46032	☐ Delete	JULIE VANETTE	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D KARRIE MUSGROVE 335 HICKORYWOOD DRIVE CRAWFORDVILLE, FL 32327	☐ Change ☑ Addition

CR2E037 (9/01)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth Denmark SIGNATURE REQUIRED 4/28/02 926-4585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #