2000 UNIFORM BUSINESS REPORT (UBR)

4

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90003 038 ****11.25
04-27-2000 90100 047 ****50.00

DOCUMENT # N95000000361 (4)

1. Entity Name

THE WILDLIFE SANCTUARY FUND INC.

Principal Place of Business	Mailing Address
45 SETON TRAIL ORMOND BEACH FL. 32176	45 SETON TRAIL ORMOND BEACH FL. 32176

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3348526 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PALMETTO CHARTER SERVICES INC 150 MAGNOLIA AVE., DAYTONA BEACH, 32115-2491	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 $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EDDY, J. MICHAEL	NAME	
STREET ADDRESS	45 SETON TRAIL	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL. 32176	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EDDY, F. RAYMOND	NAME	
STREET ADDRESS	45 SETON TRAIL	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL. 32176	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GAISFORD, BRIAN	NAME	
STREET ADDRESS	45 SETON TRAIL	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL. 32176	CITY-ST-ZIP	
TITLE	D ☐ Delete D	TITLE	☐ Change ☐ Addition
NAME	KANEY, JONATHAN D. JR	NAME	
STREET ADDRESS	150 MAGNOLIA AVE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (11/99)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ J.M. EDDY, DIRECTOR 3/27/2000 (904)673.3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #