

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000000361**

1. Entity Name

THE WILDLIFE SANCTUARY FUND, INC.

Principal Place of Business

**45 SETON TRAIL
ORMOND BEACH FL 32176
US**

Mailing Address

**45 SETON TRAIL
ORMOND BEACH FL 32176
US**

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

59-3348526

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

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	EDDY, J. MICHAEL	45 SETON TRAIL ORMOND BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	EDDY, F. RAYMOND	45 SETON TRAIL ORMOND BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	GAISFORD, BRIAN	45 SETON TRAIL ORMOND BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	KANEY, JONATHAN D JR.	150 MAGNOLIA AVE. DAYTONA BEACH FL 32114	<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:

SIGNATURE REQUIRED: MEADY DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90011 038 ****61.25

525863

DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)