

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90114 035 ****61.25

DOCUMENT # *N 95000000361*

1. Entity Name

THE WILDLIFE SANCTUARY FUND INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

45 SETON TRAIL

Suite, Apt. #, etc.

3. Mailing Address

45 SETON TRAIL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORMOND BEACH FL

City & State

ORMOND BEACH FL

4. FEI Number

59-3348526

Applied For

Not Applicable

Zip

32176

Country

Zip

32176

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

PALMETTO CHARTER SERVICES INC

Street Address (P.O. Box Number is Not Acceptable)

150 MAGNOLIA AVE

City

DAYTONA BEACH

FL

Zip Code

32115-2491

**DO NOT WRITE
IN THIS SPACE**

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

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*D
EDDY J. MICHAEL
45 SETON TRAIL
ORMOND BEACH FL. 32176*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*D
EDDY F. RAYMOND JR
45 SETON TRAIL
ORMOND BEACH FL. 32176*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*D
GAISFORD BRIAN
45 SETON TRAIL
ORMOND BEACH FL. 32176*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*D
KANEY JONATHAN D. JR
150 MAGNOLIA AVE
DAYTONA BEACH FL. 32114*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. MICHAEL EDDY

Date

3/11/02 (386) 673.3700

Daytime Phone #

CR2E037B (12/01)