

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003104

1. Entity Name

THE WILD LIFE PRESERVE, INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90483 031 ****61.25

Principal Place of Business

17919 BURRELL ROAD
ODESSA FL 33556

Mailing Address

17919 BURRELL ROAD
ODESSA FL 33556-5124

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

93-1209659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PINTO, DOMINICK
17919 BURRELL ROAD
ODESSA FL 33556

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

TITLE **DP** ☐ Delete
NAME **PINTO, DOMINICK**
STREET ADDRESS **17919 BURRELL RD**
CITY-ST-ZIP **ODESSA FL**

TITLE **DVPS** ☐ Delete
NAME **PINTO, SANDRA**
STREET ADDRESS **70 CHRISTIE HILL RD**
CITY-ST-ZIP **DARIEN CT**

TITLE **AD** ☐ Delete
NAME **DELEO, DEBRA P**
STREET ADDRESS **17919 BURRELL RD**
CITY-ST-ZIP **ODESSA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 an address, with all other like empowered.

SIGNATURE:

Sandra Pinto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-00 813-920-0328
Date Daytime Phone #

CR2E037 (1/99)