

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90160 035 ****61.25

DOCUMENT # N96000004647

1. Entity Name
PRESERVE THE JUNGLE, INC.



Principal Place of Business

%GARY C. MATZER
5880 S.W. 97 ST.
PINECREST FL 33156

Mailing Address

%GARY C. MATZER
5880 S.W. 97 ST.
PINECREST FL 33156

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 **65-0695877**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATZNER, GARY C
2601 S. BAYSHORE DRIVE, STE. 1146
MIAMI FL 33133

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MATZNER, GARY C | |
| STREET ADDRESS | 5880 S.W. 97TH ST. | |
| CITY-ST-ZIP | PINECREST FL 33156 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WAKSHLAG, STANLEY | |
| STREET ADDRESS | 6505 SW 131 ST. | |
| CITY-ST-ZIP | PINECREST FL 33156 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HAMBERGER, HARRY | |
| STREET ADDRESS | 10040 SW 60 COURT | |
| CITY-ST-ZIP | PINECREST FL 33156 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | UNDERWOOD, JOHN | |
| STREET ADDRESS | 6000 KILLIAM DR. | |
| CITY-ST-ZIP | PINECREST FL 33156 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BRUCE TOLAND | |
| STREET ADDRESS | 5846 SW 108 COURT | |
| CITY-ST-ZIP | PINECREST, FL 33156 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROGER CARLTON | |
| STREET ADDRESS | 12715 ROLLING ROAD DRIVE | |
| CITY-ST-ZIP | PINECREST, FL 33156 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LANETTE SCHERR | |
| STREET ADDRESS | 11007 SW 77 COURT CIRCLE | |
| CITY-ST-ZIP | PINECREST, FL 33156 | |

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: GARY C. MATZNER 2/15/03 305-250-4640

CR2E037 (10/02)