

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006162

1. Entity Name

THE GEORGE L. DAVIS POTBELLED PIG SANCTUARY, IN

Principal Place of Business

19651 SKIPPER RD  
NORTH FT. MYERS FL 33917  
US

Mailing Address

19651 SKIPPER RD  
NORTH FT. MYERS FL 33917-4833  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WINSTON, PAMELA  
2630 AVE S NW  
WINTER HAVEN FL 33881

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 NAME CHM. MCFARL, MARK ☐ Delete  
STREET ADDRESS 19651 SKIPPER ROAD  
CITY-ST-ZIP NORTH FT. MYERS FL 33917

TITLE NAME PT TURANO, BOBBI ☐ Delete  
STREET ADDRESS 12314 2ND ST.  
CITY-ST-ZIP FT. MYERS FL 33905

TITLE NAME VP STANTON, KIM ☒ Delete  
STREET ADDRESS 19861 SKIPPER ROAD  
CITY-ST-ZIP N. FT. MYERS FL 33917

TITLE NAME S ALTHAUSER, MICHELLE ☐ Delete  
STREET ADDRESS 13100 SHETLAND LANE  
CITY-ST-ZIP FT. MYERS FL 33912

TITLE NAME T MAHER, CHRISTINE ☐ Delete  
STREET ADDRESS 5735 COPER LANE  
CITY-ST-ZIP NAPLES FL 33920

TITLE NAME T WINSTON, PAMELA ☐ Delete  
STREET ADDRESS 2630 AVE. S - NW  
CITY-ST-ZIP WINTER HAVE FL 33881-1883

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

Pamela Winston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 22, 2000 8:00 am  
Secretary of State

05-22-2000 90031 016 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0716477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (9/99)