

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90232 020 ****61.25

0013375

DOCUMENT # N96000006162

1. Entity Name

THE GEORGE L. DAVIS POTBELLED PIG SANCTUARY, IN

Principal Place of Business

Mailing Address

19651 SKIPPER RD
 NORTH FT. MYERS FL 33917
 US

19651 SKIPPER RD
 NORTH FT. MYERS FL 33917
 US

(LA)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0716477**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WINSTON, PAMELA
2630 AVE S NW
WINTER HAVEN FL 33881

Name Same
 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 *Pamela Winston* Pamela Winston 7-11-01
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
After September 12, 2001, min. will be \$236.25

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 | CHM MCFAHL, MARK | <input type="checkbox"/> Delete |
| STREET ADDRESS | 19651 SKIPPER ROAD | |
| CITY-ST-ZIP | NORTH FT. MYERS FL 33917 | |
| TITLE NAME | S ALTHAUSER, MICHELLE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 13100 SHETLAND LANE | |
| CITY-ST-ZIP | FT. MYERS FL 33912 | |
| TITLE NAME | T MAHER, CHRISTINE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 5735 COPER LANE | |
| CITY-ST-ZIP | NAPLES FL 33920 | |
| TITLE NAME | T WINSTON, PAMELA | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2630 AVE. S - NW | |
| CITY-ST-ZIP | WINTER HAVE FL 33881-1883 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------------------|--|
| TITLE NAME | c/t Chairman/Trustee | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | McFahl, Mark | |
| CITY-ST-ZIP | 19651 Skipper Road | |
| TITLE NAME | s/t Secretary/Trustee | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | Althausen, Michelle | |
| CITY-ST-ZIP | 13100 Shetland Lane | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | PT President/Registered Agent | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | Pamela Winston | |
| CITY-ST-ZIP | 2630 AVE S-NW | |
| TITLE NAME | T Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | Cindy Mangus | |
| CITY-ST-ZIP | 19651 Skipper Road | |
| TITLE NAME | M Managing Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | John Harris | |
| CITY-ST-ZIP | 19651 Skipper Road | |
| | N. Fort Myers, FL 33917 | |

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* Pamela Winston 7-11-01 (813)623-5411 #6344

CR2E037 (5/01)