

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90726 034 ****61.25

DOCUMENT # N96000006162

1. Entity Name

THE GEORGE L. DAVIS POTBELLIED PIG SANCTUARY, IN C.

Principal Place of Business

Mailing Address

**19651 SKIPPER RD
 NORTH FT. MYERS FL 33917
 US**

**19651 SKIPPER RD
 NORTH FT. MYERS FL 33917
 US**

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

65-0716477

Applied For

Not Applicable

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **MANGUS, CINDY**
 CITY-ST-ZIP **19651 SKIPPER ROAD
 FORT MYERS FL 33917**

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

TITLE ☐ Delete
 NAME **MD**
 STREET ADDRESS **HARRIS, JOHN**
 CITY-ST-ZIP **19651 SKIPPER ROAD
 FORT MYERS FL 33917**

TITLE ☐ Change ☐ Addition
 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:

Pamela Winston
Pamela Winston 5-1-02 (800)872-1637 #6344
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)