

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000001514**

1. Entity Name

**SEABIRD RESCUE, INC.****FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90009 034 \*\*\*\*70.00

0026

Principal Place of Business

**1103 IBSEN  
ORLANDO FL 32809  
US**

Mailing Address

**1103 IBSEN  
ORLANDO FL 32809  
US****LUUU538U**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3541144**

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

**MATTHESS, GERALD  
817 W BIRCHWOOD CIRCLE  
KISSIMMEE FL 34743**

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	D	<input type="checkbox"/> Delete
NAME	FISHER, PAT	
STREET ADDRESS	1103 IBSEN	
CITY-ST-ZIP	ORLANDO FL 32809	

TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHESS, GERALD	
STREET ADDRESS	BOX 590312	
CITY-ST-ZIP	ORLANDO FL 32809	

TITLE	D	<input type="checkbox"/> Delete
NAME	ESCHBACH, MARY DR.	
STREET ADDRESS	P.O. BOX 560216	
CITY-ST-ZIP	ROCKLEDGE FL 32956	

TITLE	D	<input type="checkbox"/> Delete
NAME	HULE, RAY	
STREET ADDRESS	1103 IBSEN	
CITY-ST-ZIP	ORLANDO FL 32809	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **Matthess**

01-8-01 407-344-2035

Date

Daytime Phone #

CR2E037 (10/00)