

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90009 046 \*\*\*\*61.25

DOCUMENT # N98000002745

1. Entity Name

THE WILD LIFE PRESERVE OF ENDANGERED ANIMALS, IN

Principal Place of Business

17919 BURRELL RD  
 ODESSA FL 33556

Mailing Address

17919 BURRELL RD  
 ODESSA FL 33556

77262



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 98-1209659

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

DELEO, DEBRA  
 17919 BURRELL RD  
 ODESSA FL 33556

Name William Valliere  
 Street Address (P.O. Box Number is Not Acceptable)  
 17919 Burrell Rd  
 City Odessa FL Zip Code 33556

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

William Valliere

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/20/01  
 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 STREET ADDRESS CITY-ST-ZIP	SD DELEO, DEBRA 17919 BURRELL RD. ODESSA FL 33556 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINTO, SANDRA "D" 17919 BURRELL RD. ODESSA FL 33556 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD PINTO, DOMINICK "D" 17919 BURRELL RD. ODESSA FL 33556 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Valliere "D" 17919 BURRELL RD. Odessa, FL 33556 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Valliere "D" 17919 BURRELL RD. Odessa, FL 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/17/01 813-920-0328  
 Daytime Phone #

CR2E037 (5/01)

Attachment Doc# N98000002745  
77262



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State

July 25, 2001

THE WILD LIFE PRESERVE OF ENDANGERED ANIMALS, INC.  
17919 BURRELL RD  
ODESSA, FL 33556

Subject: **THE WILD LIFE PRESERVE OF ENDANGERED ANIMALS, INC.**

Reference Number: **N98000002745**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg  
ANNUAL REPORTS SECTION