

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005517

1. Entity Name

CIRCLE OF LIFE SPECIAL NEEDS ANIMAL SANCTUARY, I

Principal Place of Business

Mailing Address

2751 NE 56TH STREET  
OCALA FL 34479

2751 NE 56TH STREET  
OCALA FL 34479-1813

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

59-3541021

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

SCHNEIDER, MICHAEL  
2751 NE 56TH STREET  
OCALA FL 34479

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 DP  
NAME SCHNEIDER, MARGARET  
STREET ADDRESS 2751 NE 56TH STREET  
CITY-ST-ZIP Ocala FL 34479 ☐ Delete

TITLE DVT  
NAME SCHNEIDER, MICHAEL  
STREET ADDRESS 2751 NE 56TH STREET  
CITY-ST-ZIP Ocala FL 34479 ☐ Delete

TITLE FD  
NAME MOORE, CHER  
STREET ADDRESS 8950 SE 72ND AVE  
CITY-ST-ZIP Ocala FL 34472 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE D  
NAME OWEN DAMRON  
STREET ADDRESS 2225 NE 66th STREET  
CITY-ST-ZIP Ocala FL 34479 ☐ Change ☒ Addition

TITLE D  
NAME MARY TYNDALL  
STREET ADDRESS P.O. BOX 779  
CITY-ST-ZIP CITRA, FL 32113 ☐ Change ☒ Addition

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

*Michael Schneider* MICHAEL A SCHNEIDER VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-351-2956

FILED  
May 31, 2000 8:00 am  
Secretary of State

05-31-2000 90021 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE