

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000377

1. Entity Name

WILDLIFE HAVEN INC.

**FILED**  
**Jun 14, 2001 8:00 am**  
**Secretary of State**

06-14-2001 90011 023 \*\*\*\*\*70.00

A0073129



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9812 LINDA PLACE TAMPA FL 33610	9812 LINDA PLACE TAMPA FL 33610

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	Applied For
59-3455260	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALHOUN, SHERI 9812 LINDA PLACE TAMPA FL 33610	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	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALHOUN, SHERIE	NAME	
STREET ADDRESS	9812 LINDA PLACE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	CITY-ST-ZIP	
TITLE	VDT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST, SIMEON	NAME	
STREET ADDRESS	9812 LINDA PLACE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, THOMAS	NAME	
STREET ADDRESS	9812 #A	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, KELLY	NAME	
STREET ADDRESS	11024 E OLD HILLSBOROUGH AVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED 1- 01 813-628-089