

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000001386

FILED
Apr 18, 2002 8:00 AM
Secretary of State

Entity Name: ST. JOE WILDLIFE SANCTUARY AND EDUCATIONAL CENTER, INC.

Current Principal Place of Business:

1483 INDIAN PASS ROAD
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

1483 INDIAN PASS ROAD
PORT ST. JOE, FL 32456

New Mailing Address:

FEI Number: 59-3562458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEELE, MARIE
1483 INDIAN PASS ROAD
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD/T () Delete
Name: STEELE, MARIE
Address: 1483 INDIAN PASS RD
City-St-Zip: PORT SAINT JOE, FL 32456

Title: VP/D () Delete
Name: NELSON, TIM
Address: 411 BALTZELL AVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: S/D () Delete
Name: ROMANELLI, JOSEPH
Address: 690 INDIAN PASS RD
City-St-Zip: PORT ST. JOE, FL 32465

Title: D () Delete
Name: STEELE, MARIE
Address: 1483 INDIAN PASS RD
City-St-Zip: PORT ST. JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE STEELE

P/D

04/18/2002

Electronic Signature of Signing Officer or Director

Date