

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90348 020 ****70.00

DOCUMENT # N99000003181

1. Entity Name

PIG TALES SANCTUARY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

596 COUNTY ROAD 90 EAST

Suite, Apt. #, etc.

3. Mailing Address

596 COUNTY ROAD 90 EAST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BUNNELL, FL

City & State

BUNNELL, FL

4. FEI Number

59-3695773

Applied For

Not Applicable

Zip

32110

Country

USA

Zip

32110

Country

USA

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LORY L. YAZURLO

Street Address (P.O. Box Number is Not Acceptable)

596 COUNTY ROAD 90 EAST

City

BUNNELL, FL

Zip Code

32110

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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 P/D/M
NAME LORY L. YAZURLO
STREET ADDRESS 596 COUNTY RD. 90 EAST
CITY-ST-ZIP BUNNELL, FL 32110

TITLE V/T/D
NAME LESLIE J. YAZURLO
STREET ADDRESS 10 BULOW WOODS CIRCLE
CITY-ST-ZIP FLAGLER BEACH, FL 32131

TITLE S/D
NAME LYNNE A. YAZURLO
STREET ADDRESS 144 S. HALIFAX AVE. # 14
CITY-ST-ZIP DAYTONA BEACH, FL 32118

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NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

Date

386-437-5588

Daytime Phone #

CR2E037B (12/01)