

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004560

1. Entity Name

WILDERNESS CHARITY FOUNDATION, INC.

Principal Place of Business

Mailing Address

3859 LITTLE COUNTRY ROAD
PARRISH FL 34219

3859 LITTLE COUNTRY ROAD
PARRISH FL 34219

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

65-0939189

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

FOSTER, NANCY A
2925 LITTLE COUNTRY OAD
PARRISH FL 34219

Name **RICHARD CARLSEN**

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

2310 LITTLE COUNTRY ROAD

City **PARRISH**

FL

Zip Code **34219**

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

Richard Carlsen

RICHARD CARLSEN, TREASURER

4/18/02

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 NAME STREET ADDRESS CITY-ST-ZIP	P PETRIE, JANE 3859 LITTLE COUNTRY ROAD PARRISH FL 34219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORRISON, ELIZABETH 3417 WILDERNESS BLVD EAST PARRISH FL 34219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOSTER, NANCY 2925 LITTLE COUNTRY ROAD PARRISH FL 34219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, ELLEN 3007 LITTLE COUNTRY ROAD PARRISH FL 34219	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAUB, CHARLENE 3863 LITTLE COUNTRY ROAD PARRISH FL 34219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAYTOS, SANDY 5330 69TH STREET EAST PARRISH FL 34219	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCY FOSTER 3007 LITTLE COUNTRY ROAD PARRISH, FL 34219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D RICHARD CARLSEN 2310 LITTLE COUNTRY ROAD PARRISH FL 34219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES SMITH 2382 LITTLE COUNTRY ROAD PARRISH FL 34219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT ZONIES 2350 LITTLE COUNTRY ROAD PARRISH, FL 34219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDY BAYTOS 3625 WILDERNESS BLVD. WEST PARRISH FL 34219	<input checked="" 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:

Richard Carlsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 (941) 776-1299

Date

Daytime Phone #

CR2E037 (9/01)

0085714



DO NOT WRITE IN THIS SPACE