

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90874 043 ****61.25

DOCUMENT # N99000004613

1. Entity Name

JUNGLE ADVENTURES WILDLIFE RESEARCH CENTER, INC.

Principal Place of Business

Mailing Address

26205 E. HWY. 50
 CHRISTMAS FL 32709

P.O. BOX 877
 CHRISTMAS FL 32709

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3594506

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

KAGAN, JACOB
213 ROYAL OAKS CIR.
LONGWOOD FL 32779

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 **D** ☐ Delete
 NAME **KAGAN, JACOB**
 STREET ADDRESS **213 ROYAL OAKS CIR.**
 CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE **D** ☐ Delete
 NAME **RANOT, SHLOMI**
 STREET ADDRESS **39 PARDES MESHATAF ST.**
 CITY-ST-ZIP **RAANANA, ISRAEL 43355**

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

TITLE **D** ☐ Delete
 NAME **BROOKS, WAYNE**
 STREET ADDRESS **5008 TAYLOR CREEK RD.**
 CITY-ST-ZIP **CHRISTMAS FL 32709**

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

TITLE **D** ☐ Delete
 NAME **BROOKS, SHANE**
 STREET ADDRESS **5008 TAYLOR CREEK RD.**
 CITY-ST-ZIP **CHRISTMAS FL 32709**

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

TITLE **D** ☒ Delete
 NAME **MCMILLIAN, DAVID**
 STREET ADDRESS **5780 OAK HOLLOW LANE**
 CITY-ST-ZIP **OVIDO FL 32765**

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

TITLE **D** ☐ Delete
 NAME **THOMPSON, LAURALEE**
 STREET ADDRESS **P. O. BOX 307**
 CITY-ST-ZIP **MIMS FL 32754**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President 4/29/02 407-568-1354
 Date Daytime Phone #

CR2E037 (9/01)