

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005435

1. Entity Name

FAIR HAVEN PRIMATE SANCTUARY, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91535 009 ****61.25

Principal Place of Business

Mailing Address

C/O BONNIE L. FAIR
1161 "F" ROAD
LOXAHATCHEE FL 33470

C/O BONNIE L. FAIR
1161 "F" ROAD
LOXAHATCHEE FL 33470

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

62-0986064

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

FAIR, BONNIE L
1161 "F" ROAD
LOXAHATCHEE FL 33470

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 PD ☐ Delete
NAME FAIR, BONNIE L
STREET ADDRESS 1161 F ROAD
CITY-ST-ZIP LOXAHATCHEE FL 33470

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

TITLE STD ☐ Delete
NAME GREENE, JAMES R
STREET ADDRESS 2835 POLO ISLAND DR.
CITY-ST-ZIP WEST PALM BEACH FL 33414

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

TITLE D ☐ Delete
NAME DUFRESNE, DONALD ESQ.
STREET ADDRESS 400 AUSTRALIAN AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE D ☐ Delete
NAME CYPHERT, DEBRA
STREET ADDRESS 2329 COLLINS FERRY RD.
CITY-ST-ZIP MORGANTOWN WV 26505

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

TITLE D ☐ Delete
NAME MINTEER, LORI DR. DVM
STREET ADDRESS 10490 165TH ST. N
CITY-ST-ZIP JUPITER FARMS FL 33478

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

TITLE D ☐ Delete
NAME BOONE, BARBARA
STREET ADDRESS TWO BRENTWOOD COMMONS, STE. 150
CITY-ST-ZIP BRENTWOOD TN 37027

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED BARBARA J. BOONE 5-12-02 65-371-610

CR2E037 (9/01)