

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0081529

DOCUMENT # N99000005435

1. Entity Name

FAIR HAVEN PRIMATE SANCTUARY, INC.



FILED

03 MAY -2 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

C/O BONNIE L. FAIR

Suite, Apt. #, etc.

1162 HYDE PARK RD

City & State

LOXAHATCHEE FL

Zip

33470

Country

3. Mailing Address

C/O BONNIE L. FAIR

Suite, Apt. #, etc.

1162 HYDE PARK RD

City & State

LOXAHATCHEE FL

Zip

33470

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

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

7. Name and Address of New Registered Agent

Name

FAIR, BONNIE L.

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

1162 HYDE PARK RD

City

LOXAHATCHEE

FL

Zip Code

33470

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME 1162 HYDE PARK RD
STREET ADDRESS LOXAHATCHEE, FL 33470
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 800017906508
STREET ADDRESS 05/02/03--01087--014 **\$61.25
CITY-ST-ZIP

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

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

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

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

4-29-03

CP2E037 (10/02)