

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-13-2002 90131 035 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000055445

1. Entity Name

SANCTUARY AT WILDWOOD, INC.

Principal Place of Business

58138 M-40 NORTH
JONES MI 49061

Mailing Address

58138 M-40 NORTH
JONES MI 49061

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

581619120

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLINGS, INC.

3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name

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

7301A W. PALMETTO BLVD. SUITE 305
City BOCA RATON FL Zip Code 33433

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's signature required when reinstating)

5/30/02
DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
D BUERKLE, RICHARD
STREET ADDRESS 58138 M-40 NORTH
CITY-ST-ZIP JONES MI 49061

TITLE NAME ☐ Delete
D BUERKLE, DOLLY
STREET ADDRESS 58138 M-40 NORTH
CITY-ST-ZIP JONES MI 49061

TITLE NAME ☐ Delete
D BUERKLE, BRAD
STREET ADDRESS 58138 M-40 NORTH
CITY-ST-ZIP JONES MI 49061

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

4/20/02 (616) 244-5910
Date Daytime Phone