

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90347 030 \*\*\*\*61.25

**DOCUMENT # N39884**

1. Entity Name  
**SAVE OUR SEABIRDS, INC.**

Principal Place of Business <b>840 THIRD AVENUE SOUTH TIERRA VERDE FL 33715</b>	Mailing Address <b>840 THIRD AVENUE SOUTH TIERRA VERDE FL 33715</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number **59-3078536**  
 Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FOX, LEE**  
**840 THIRD AVENUE SOUTH**  
**TIERRA VERDE FL 33715**

7. Name and Address of New Registered Agent  
 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 *Lee Fox* (NOTE: Registered Agent signature required when reinstating.) DATE *3/1/01*

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FOX, LEE</b> <b>840 THIRD AVENUE SOUTH</b> <b>TIERRA VERDE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PENNY, ANN</b> <b>731 64TH AVE</b> <b>ST PETERSBURG FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CASTRO, NANCY</b> <b>1505 BM COLONIAL TERR</b> <b>ARLINGTON VA 22209</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PENNY, JACK D</b> <b>731 64TH AVE.</b> <b>ST. PETERSBURG BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BYRNE, JAMES</b> <b>5040 FOURTH ST N</b> <b>ST PETERSBRUG FL 33701</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCRORY, RICHARD</b> <b>540 FOURTH ST N</b> <b>ST PETERSBURG FL 33701</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Joyaine Rubis Tranchesi</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>P.R.</i> <i>106 4th St E</i> <i>Tierrra Verde Fl. 33715</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Marlene Susich P</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Punellas Bayway</i> <i>Tierrra Verde Fl. 33715</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Nathy Leduke sec.</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>St Pete Beach Fl. 33706</i> <i>260 43 Ave</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Lee Fox* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE *3/1/01* DAYTIME PHONE # *727-864-0679*

CR2E037 (10/00)