

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90305 048 \*\*\*\*70.00

**DOCUMENT # N44058**

1. Entity Name

**PHOENIX AVICULTURAL RESEARCH & DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

% DAVID T. DOLLAR  
 P.O. BOX 1179  
 PALM HARBOR FL 34682

% DAVID T. DOLLAR  
 P.O. BOX 1179  
 PALM HARBOR FL 34682

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 **59-3139508**

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

**DOLLAR, DAVID T.**  
**4784 SIMCOE ST**  
**PALM HARBOR FL 34683**

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 re-registering)

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 **DOLLAR, DAVE T.**  
 STREET ADDRESS **4784 SIMCOE ST**  
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **DOLLAR, DEBORAH L.**  
 STREET ADDRESS **4784 SIMCOE ST**  
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **DOLLAR, DEBORAH L.**  
 STREET ADDRESS **4784 SIMCOE ST**  
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MCCLURE, WILLIAM**  
 STREET ADDRESS **10555 RAINFOREST RD**  
 CITY-ST-ZIP **BROOKVILLE FL 34601**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **DORIS MARRON**  
 STREET ADDRESS **227 HARBOUR BREEZE**  
 CITY-ST-ZIP **LAKE HILLS, TX 78063**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **FAITH HARRIS**  
 STREET ADDRESS **18725 ST ANDREWS DR**  
 CITY-ST-ZIP **MONUMENT, CO 80132**

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:

*David T. Dollar*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-25-02**

Daytime Phone #

**727-937-5447**

CR2E037 (9/01)



Attachment

38699

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 30, 2002

PHOENIX AVICULTURAL RESEARCH & DEVELOPMENT, INC.  
% DAVID T. DOLLAR  
P.O. BOX 1179  
PALM HARBOR, FL 34682

Subject: PHOENIX AVICULTURAL RESEARCH & DEVELOPMENT, INC.

Reference Number: N44058

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RG  
ANNUAL REPORTS SECTION

Called  
Christie  
informed them  
we moved & placed  
the letters just  
caught up  
this.