

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744264

1. Entity Name

THE AVIARY AND CAGE BIRD SOCIETY OF SOUTH FLORID

Principal Place of Business

7520 N.W. 7TH STREET
PLANTATION FL 33317

Mailing Address

7520 N.W. 7TH STREET
PLANTATION FL 33317-1010

2. Principal Place of Business

661 S.W 54 Ave

Suite, Apt. #, etc.

3. Mailing Address

661 SW 54 Ave

Suite, Apt. #, etc.

City & State

Plantation FL.

City & State

Plantation FL

Zip

33317

Country

Zip

33317

Country

4. FEI Number

59-1926480

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WILKAT, ALBERT O
7520 N.W. 7TH STREET
PLANTATION FL 33317

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

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILKAT, MELBA	
STREET ADDRESS	7520 N.W. 7TH STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TANE, JANE	
STREET ADDRESS	22523 S.W. 65 TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GOLDIN, MYRON	
STREET ADDRESS	1518 S.W. 148 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DEBUSK, SUSAN	
STREET ADDRESS	6202 S.W. 56 STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID, Marcia J.	
STREET ADDRESS	661 S.W 54 Ave	
CITY-ST-ZIP	Plantation FL 33317	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greene, Lisa	
STREET ADDRESS	54 Russell Ct.	
CITY-ST-ZIP	Venus, FL 33960	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Florio, Joseph	
STREET ADDRESS	4027 SW 50th St.	
CITY-ST-ZIP	Ft. Lauderdale FL 33314	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cusick, Ruth	
STREET ADDRESS	851 NW 115 Ave	
CITY-ST-ZIP	Plantation, FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Marcia J. David
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-2000 954-321-9229

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90200 026 ****61.25

900275



DO NOT WRITE IN THIS SPACE