

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90099 027 *****61.25

DOCUMENT # 809761

1. Entity Name

NATIONAL AUDUBON SOCIETY



Principal Place of Business

**700 BROADWAY
NEW YORK NY 10003**

Mailing Address

**700 BROADWAY
NEW YORK NY 10003**

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 **13-1624102**

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **FLICKER, JOHN**
STREET ADDRESS **215 E 68TH STREET #20B**
CITY-ST-ZIP **NEW YORK NY**

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

TITLE **CD** ☐ Delete
NAME **O'BRIEN, DONAL C JR**
STREET ADDRESS **436 TRINITY PASS ROAD**
CITY-ST-ZIP **NEW CANAAN CT**

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

TITLE **V** ☒ Delete
NAME **CUNNINGHAM, JAMES A**
STREET ADDRESS **18 LITTLE JOHN PL**
CITY-ST-ZIP **WHITE PLAINS NY**

TITLE ☐ Change ☒ Addition
NAME **Monique Quinn**
STREET ADDRESS **123-69 Beach Channel Drive**
CITY-ST-ZIP **Belle Harbor, NY 11694**

TITLE **AS** ☒ Delete
NAME **DOUGLAS, PATRICIA**
STREET ADDRESS **941 E 58TH ST**
CITY-ST-ZIP **BROOKLYN NY 11234**

TITLE ☐ Change ☐ Addition
NAME **Patricia Douglas**
STREET ADDRESS **21A Seymour Lane**
CITY-ST-ZIP **Medford, NY 11763**

TITLE **D** ☐ Delete
NAME **ENGLE, HELEN M**
STREET ADDRESS **4011 ALAMEDA AVENUE**
CITY-ST-ZIP **TACOMA WA**

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

TITLE **S** ☒ Delete
NAME **HEIDENREICH, PATRICIA**
STREET ADDRESS **HIDDEN HOLLOW, PO BOX 37**
CITY-ST-ZIP **MARQUETTE IA 52158-0037**

TITLE ☐ Change ☒ Addition
NAME **Jack Dempsey**
STREET ADDRESS **4624 Brownvale Avenue**
CITY-ST-ZIP **Edina, MN 55952**

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:

Patricia Douglas **Patricia Douglas** 4/7/03 (212) 979-3122

CR2E037 (10/02)