

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 818789

1. Entity Name

THE NATIONAL ANTI-VIVISECTION SOCIETY

Principal Place of Business

53 W JACKSON BLVD  
SUITE 1552  
CHICAGO IL 60604  
US

Mailing Address

53 W JACKSON BLVD. STE. 1552  
CHICAGO IL 60604  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2229588

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HUGHES, D. VIRGINIA  
2700 COVE CAY DR-30  
CLEARWATER FL 34620

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D MANN, MICHAEL B	<input type="checkbox"/> Delete
STREET ADDRESS	421 MADISON ST.	
CITY-ST-ZIP	MAYWOOD IL 60153	
TITLE NAME	SD KANDARAS, KEN	<input type="checkbox"/> Delete
STREET ADDRESS	315 S. PLYMOUTH CT	
CITY-ST-ZIP	CHICAGO IL 60604	
TITLE NAME	D O'DONOVON, PETER	<input type="checkbox"/> Delete
STREET ADDRESS	900 S. PEALE	
CITY-ST-ZIP	PARK RIDGE IL	
TITLE NAME	PD BEATTLE, PATRICK	<input type="checkbox"/> Delete
STREET ADDRESS	601 WEST FIFTH AVENUE, SUITE 700	
CITY-ST-ZIP	ANCHORAGE AK 99501	
TITLE NAME	D LIGON, MARY ANN	<input type="checkbox"/> Delete
STREET ADDRESS	6506 NORTH CAMPBELL AVENUE	
CITY-ST-ZIP	CHICAGO IL 60645	
TITLE NAME	TD DANIEL, BENJAMIN	<input type="checkbox"/> Delete
STREET ADDRESS	1053 W COLUMBIA AVE	
CITY-ST-ZIP	CHICAGO IL	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Mary Margaret Cuniff* MARY MARGARET CUNIFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-06-02

312-427-6065

Date

Daytime Phone #

CR2E037 (9/01)

FILED  
Jun 11, 2002 8:00 am  
Secretary of State

06-11-2002 90396 006 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE