

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90174 021 ****61.25

DOCUMENT # F99000001131

1. Entity Name

THE WORLD PARROT TRUST USA, INC.



Principal Place of Business

**PO BOX 353
STILLWATER MN 55082**

Mailing Address

**PO BOX 353
STILLWATER MN 55082**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **62-1561595**

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

**MARTIN, STEVE
9014 THOMPSON NURSERY ROAD
LAKE WALES FL 33853**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**C
REYNOLDS, MICHAEL
GLANMOR HOUSE
HAYLE CORNWALL UK TRZ-74HB**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
MUNN, CHARLES A III PHD
668 PUBLIC LEDGER BLDG
PHILADELPHIA PA 19106-3474**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
GREENWOOD, ANDREW DR
INTL ZOO VET GROUP/KEIGHLEY BUS. CTR
KEIGHLEY BD 21 1AG UK**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
MARTIN, STEVE
9014 THOMPSON NURSERY ROAD
LAKE WALES FL 33853**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ST
ECKLES, NOANNA
2412 CREEKSIDE CT
STILLWATER MN 55082**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MD
GILARDI, JAMES
725 PEACH PLACE
DAVIS CA 95616**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

ECKLES, JOANNA
inspelling - rest OK

☐ Change ☐ 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:

Signature of Noanna Eckles

2-8-03 651-275-1877

CR2E037 (10/02)

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