2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State
07-19-2001 90002 002 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N00000005996

1. Entity Name

THE Companion Parrot Foundation, INC. (VA)

Principal Place of Business	Mailing Address
5428 STORM ROAD LUTZ, FL 33549	5428 STORM ROAD LUTZ, FL 33549

2. Principal Place of Business		3. Mailing Address	
11022 BONNET HOLE DR.		11022 BONNET HOLE DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: THONOTOSASSA, FL		City & State: THONOTOSASSA, FL	
Zip: 33592-2218	Country: USA	Zip: 33592-2218	Country: USA

4. FEI Number: NONE — ☐ 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
FARRIELEE NOTERMAN 5428 STORM ROAD LUTZ, FL 33549	Name: CHRISTINE MARIE MILLER Street Address (P.O. Box Number is Not Acceptable): 11022 BONNET HOLE DR. City: THONOTOSASSA FL Zip Code: 33592-2218

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: Christine Miller Christine Miller Director 8/14/01
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: D NAME: FARRIELEE NOTERMAN STREET ADDRESS: 5428 STORM ROAD CITY-ST-ZIP: LUTZ, FL 33549	☒ Delete	TITLE: D NAME: MATTHEW S. BRADFORD STREET ADDRESS: 11022 BONNET HOLE DR. CITY-ST-ZIP: THONOTOSASSA, FL 33592	☐ Change ☒ Addition
TITLE: D NAME: DEBBIE WHALTON STREET ADDRESS: 5428 STORM ROAD CITY-ST-ZIP: LUTZ, FL 33549	☒ Delete	TITLE: D NAME: FRED GAUNA III STREET ADDRESS: 11022 BONNET HOLE DR. CITY-ST-ZIP: THONOTOSASSA, FL 33592	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (11/00)

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: Christine Miller Christine Miller Director 8/14/01 8139860698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #