

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 07, 2001 8:00 am
Secretary of State

05-12-2001 90012 008 *****70.00

DOCUMENT # N01000000009

1. Entity Name

WORLD SPECIES FOUNDATION, INC.

Principal Place of Business

**1301 S FEDERAL HWY
LAKE WORTH FL 33460**

Mailing Address

**1301 S FEDERAL HWY
LAKE WORTH FL 33460**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1066432

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

**DUPUIS, PATRICK
1301 S FEDERAL HWY
LAKE WORTH FL 33460**

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	PCEO D	<input type="checkbox"/> Delete
NAME	DUPUIS, PATRICK	
STREET ADDRESS	1301 S FEDERAL HWY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	S	<input type="checkbox"/> Delete
NAME	QUESENBERRY, ROBERT	
STREET ADDRESS	1125 NORTH F ST	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VT	<input type="checkbox"/> Delete
NAME	NOLAN, DANIELE	
STREET ADDRESS	1301 S FEDERAL HWY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

REPRESENTED BY DUPUIS**4-28-01 561-906-9877**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)