

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000457

1. Entity Name

TRI-STATE AVIAN SOCIETY, INC.

FILED  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90158 022 \*\*\*\*61.25

Principal Place of Business

980 CAMINO REAL  
TALLAHASSEE FL 32311

Mailing Address

P.O. BOX 7544  
TALLAHASSEE FL 32314-7544

B0029379

2. Principal Place of Business

1530 McLaurance Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

32317

Country

Zip

Country

4. FEI Number

59-3695516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WICHES, CHARIS  
3960 CAMINO REAL  
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name DJ Buchanan  
Street Address (P.O. Box Number is Not Acceptable)  
1530 McLaurance Way  
City Tallahassee FL Zip Code 32317

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 *DJ Buchanan, Treasurer*

DJ Buchanan

Feb. 4, 2002

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	C	<input type="checkbox"/> Delete
NAME	CLASTER, BARRY	
STREET ADDRESS	10508 LAKE LAMONIA DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WICHES, CHARIS	
STREET ADDRESS	3960 CAMINO REAL	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DJ Buchanan	
STREET ADDRESS	1530 McLaurance Way	
CITY-ST-ZIP	Tallahassee FL 32317	
TITLE	Sec. Susan L Howell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4205 W.W. Kolby Rd	
STREET ADDRESS	Tallahassee, FL 32311	
TITLE	Board Mbr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMON EVANS	
STREET ADDRESS	1684 OLD HWY. 84	
CITY-ST-ZIP	ASHFORD, AL. 36312	
TITLE	Board M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amrita P. Davis	
STREET ADDRESS	2404 Monaco Dr.	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	Board M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Evelyn Sue Cuffy	
STREET ADDRESS	2316 Monaco Dr.	
CITY-ST-ZIP	Tallahassee, FL 32308	

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:

*Barry Claster* REQUIRED

1/8/02 80-668-0902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)