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

SIGNATURE:

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Sep 04, 2003 8:00 am Secretary of State			
DOCUMENT # N0100004318								
HEARTLA	ND AVIAN SOCIETY, INC.							
Principal Plac	e of Business	Mailing Address						
		54 RUSSELL CT						
VENUS FL 33960 VENUS FL 33960						 	1811: 8:888 (1818) (1	50 1 (5)) (63)
2 Principal F	Pace of Business BLVD.	3. Mailing Address	ailing Address PO Box 3864					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			⊠ сн	ECK HERE IF MAKIN	G CHANGES	
City & Stat	PLACID , FL.	SEBUNG F	 L		4. FEI Number			plied For at Applicable
3385		33671-3864	Country	·		us Desired		fitional d
	6. Name and Address of Current R	legistered Agent	Name		7. Name and Addres	ss of New Registered	Agent	
YJNE, MAXINE 3347 NORTHERN BLYD LAKE PLACID FL 33852-7629				Street Address (P.O. Box Number is Not Acceptable)				
	•		City			FL	Zip Code	9
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								
9. Election Campaign Financing						Make Chec	k Davahla	to
FILE NOW: FEE IS \$61.25 9. Election Car Trust Fund C					\$5.00 May Be Added to Fees	Florida Depa		
10.	OFFICERS AND DIRE	L ECTORS	11.	At	 DDITIONS/CHANGES	TO OFFICERS AND D	IRECTORS IN	10
TITLE	TD	☐ Delete	TITLE	PD			Change	Addition
NAME STREET ADDRESS	MEMECHEN, SANDI 4716 CALATRAVA AVE		NAME STREET ADDRESS	JUNE	, MAXINE NORTHERN	BLUD		Ì
CITY-ST-ZIP	SEBRING FL 33872		CITY-ST-ZIP	LAKE		33852-7	629	
TITLE	VD	☐ Delete	TITLE	VD		, 00000	Change	Addition
NAME	WIKE, BREBDA			MIKE	E BRENDA LAKE DRIVI	FDOST		
STREET ADDRESS CITY-ST-ZIP	920 Lake drive east Lake Placid FL 33852	and the second second	STREET ADDRESS - CITY-ST-ZIP			- 3385z	· Outline State	
TITLE	SD	☐ Delete	TITLE	SP		<u> </u>	Change Ch	Addition
NAME	JUNE, MAXINE		NAME	CLAR	UK, GWEN	-02012 10		
STREET ADDRESS CITY-ST-ZIP	3347 Northern BLVD Lake Placid FL 33852-7629		STREET ADDRESS CITY-ST-ZIP			EBRING DR 33870-82		1
TITLE	TD	□ Delete		TD			Change	Addition
NAME	MCMECHEN, HARRY		NAME	DAVI		·10	•==	
STREET ADDRESS CITY-ST-ZIP	4716 CALATRAVA AVE SEBRING FL 33872		STREET ADDRESS CITY-ST-ZIP		CR 29 E PLACID, F	2 33852		
TITLE	PD PD	□ Delete	TITLE	D		<u> </u>	Change	Addition
NAME	GREENE, LISA			6 REE	NE LISA	_	_ `	
STREET ADDRESS CITY-ST-ZIP	54 RUSSELL CT VENUS FL 33960		STREET ADDRESS CITY-ST-ZIP	54 .1	Russell C	1. 39 <i>6</i> 0		
TITLE	4F1400 1 F 00200	☐ Delete	TITLE	V:EN	NO, FL. D	2100	☐ Change	☐ Addition
NAME			NAME				•	_
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
	ertify that the information supplied with t	his filing does not qualify for th	L	ed in Sect	ion 119.07(3)(i). Florid	la Statutes. I further ce	rtify that the in	formation
12. I hereby certify that the information supplied with this filling 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 of supplemental report is true and acturate 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.								