FILED

Secretary of State

03-06-2001 90297 050 \*\*\*\*70.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N11838

1. Entity Name

SUN COAST AVIAN SOCIETY, INC.

Principal Place of Business Mailing Address PLUMBERS & STEAMFITTER HALL % JOSEPH VENTIMIGLIA 13675 74TH AVENUE NORTH 4020 80TH AVENUE NORTH SEMINOLE FL 34646 PINELLAS PARK FL 34666 3. Mailing Address 2. Principal Place of Business 54mZ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & St 59-2640488 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) VENTIMIGLIA, JOSEPH 13675 74 AVENUE SEMINOLE FL 34646 City 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TIT) F Delete TITLE Jim Dunn 5940 214 St.N. Apt E17 ☐ Change ☐ Addition PARRAMORE, JOE NAME NAME STREET ADDRESS STREET ADDRESS 610 47TH AVE N CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Change TITLE Delete TITLE ☐ Addition FELTZ, KAREN. NAME NAME STREET ADDRESS STREET ADDRESS 15241 58 ST N CITY-ST-ZIP **CLEARWATER FL 33760** CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete Saurt NOODWANG, SALLY NAME NAME STREET ADDRESS 6076 140 TERR N. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CLRWATER FL 33760 ☐ Change TITLE ☐ Delete TITLE ☐ Addition SAWE QUIRKE, ED NAME NAME STREET ADDRESS STREET ADDRESS 485 31ST AVE N. CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33703 Change TITLE ☐ Delete TITLE SAWF ☐ Addition MILLER, LINDA NAME NAME STREET ADDRESS 9527 60TH LANE NORTH STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SALLE

TITLE

NAME

SIGNATURE:

PINELLAS APRK FL 33782

VENTIMIGLIA, JOSEPH

13675 74TH AVE N

SEMINOLE FL 33776

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition