

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90110 040 ****70.00

DOCUMENT # N11838

1. Entity Name

SUN COAST AVIAN SOCIETY, INC.

Principal Place of Business

Mailing Address

LAMORT CHARLES MOTEL
6200 34TH NORTH
PINELLAS PARK FL 33781
US

% JOSEPH VENTIMIGLIA
13675 74TH AVENUE NORTH
SEMINOLE FL 34646
US

2. Principal Place of Business

3. Mailing Address

Star Extended Stay Motel
Suite, Apt. #, etc.
3491 62nd Ave. Suite #3
City & State
Pinellas Park FL

Suite, Apt. #, etc.

City & State

Zip

Country
USA

Zip

Country

4. FEI Number 59-2640488

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

VENTIMIGLIA, JOSEPH
13675 74 AVENUE
SEMINOLE FL 34646

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 *Joseph Ventimiglia*
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	P	<input checked="" type="checkbox"/> Delete
NAME	DUNN, JIN	
STREET ADDRESS	5940 21ST STREET 1 APT 17	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELTZ, KAREN	
STREET ADDRESS	15241 58 ST N	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	S	<input type="checkbox"/> Delete
NAME	NOODWANG, SALLY	
STREET ADDRESS	6076 140 TERR N.	
CITY-ST-ZIP	CLRWATER FL 33760	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUIRKE, ED	
STREET ADDRESS	485 31ST AVE N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, LINDA	
STREET ADDRESS	9527 60TH LANE NORTH	
CITY-ST-ZIP	PINELLAS APRK FL 33782	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VENTIMIGLIA, JOSEPH	
STREET ADDRESS	13675 74TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33776	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Swink	
STREET ADDRESS	610 347 AVE No	
CITY-ST-ZIP	St. Pete, FL, 33703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Parnumoz	
STREET ADDRESS	610 347 AVE No	
CITY-ST-ZIP	St. Pete, FL, 33703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Joseph Ventimiglia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: Jan 27, 2002 Daytime Phone #: 312-9391

CR2E037 (9/01)