

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16748

1. Entity Name

EXOTIC BIRD CLUB OF FLORIDA, INC.

Principal Place of Business

1275 CULVER RD
PALM BAY FL 32905
US

Mailing Address

P.O. BOX 1177
MELBOURNE FL 32902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2873753

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

WARD, BARBARA M
495 BREAKWATER STREET SE
PALM BAY FL 32909

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASINO, WENDY 1705 MONTEREY DR.#105 PALM BAY FL 32905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEEKS, PATRIRIA 34 CORRIENTE STREET MERRITT FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEIR, YVONNE 570 E.MERRIMAC DRIVE MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARD, BARBARA M 495 BREAKWATER ST.SE PALM BAY FL 32909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEPTIG, VIRGINIA 240 9TH TERRACE INDIALANTIC FL 32903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISE, BARBARA 2247 SEPTEMBER STREET MELBOURNEIC FL 32935	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barbara M Ward REQUIRED

Feb 10, 2002 321-729-0991

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90022 016 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)