

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90139 033 ****70.00

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

4. FEI Number **59-2873753**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Barbara M Ward

Barbara M Ward

1/15/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **CASINO, WENDY**
STREET ADDRESS **1705 MONTEREY DR.#105**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **P** ☒ Change ☐ Addition
NAME **Weeks, Patricia**
STREET ADDRESS **34 Corriente Street**
CITY-ST-ZIP **Merritt Island, FL 32952**

TITLE **V** ☐ Delete
NAME **WEEKS, PATIRIA**
STREET ADDRESS **34 CORRIENTE STREET**
CITY-ST-ZIP **MERRITT FL 32952**

TITLE **V** ☒ Change ☐ Addition
NAME **Jeanne McNamara**
STREET ADDRESS **700 Feather Place**
CITY-ST-ZIP **Malabar, FL 32950**

TITLE **S** ☐ Delete
NAME **WEIR, YVONNE**
STREET ADDRESS **570 E.MERRIMAC DRIVE**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **WARD, BARBARA M**
STREET ADDRESS **495 BREAKWATER ST.SE**
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HEPTIG, VIRGINIA**
STREET ADDRESS **240 9TH TERRACE**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WISE, BARBARA**
STREET ADDRESS **2247 SEPTEMBER STREET**
CITY-ST-ZIP **MELBOURNEIC FL 32935**

TITLE **D** ☒ Change ☐ Addition
NAME **Wise, Barbara**
STREET ADDRESS **2143 Shelby Dr**
CITY-ST-ZIP **Melbourne, FL 32935**

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

Barbara M Ward

1/15/03

321-729-0991

CR2E037 (10/02)