

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 02, 2000 8:00 am
Secretary of State

03-01-2000 90052 025 ****61.25

DOCUMENT # N17437

1. Entity Name

WEST FLORIDA AVIAN SOCIETY, INC.

Principal Place of Business

Mailing Address

P O BOX 5387
 SPRING HILL FL 34611
 US

P O BOX 5387
 SPRING HILL FL 34611-5387
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 5387

P.O. Box 5387

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spring Hill FL

City & State

Spring Hill FL

Zip

34611

Country

Zip

34611

Country

4. FEI Number

59-2736440

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

HOCH, BRENDA M
 12225 LITEWOOD DR
 HUDSON FL 34669

Name Albina L Cooper

Street Address (P.O. Box Number is Not Acceptable)

9659 S Buckskin Ave

City Floral City

FL

Zip Code

34436

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

Albina L Cooper

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-2000

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	DP	<input checked="" type="checkbox"/> Delete
NAME	ROXBERRY, KATHY	
STREET ADDRESS	11341 MINNIEOLA DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	COOPER, BUNNIE	
STREET ADDRESS	9659 SOUTH BUCKSKIN AVE	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	WENTZEL, ILONA	
STREET ADDRESS	4184 GLADE RD	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	HOCH, BRENDA	
STREET ADDRESS	12225 LITEWOOD DR	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Cooper D	
STREET ADDRESS	9659 S Buckskin Ave	
CITY-ST-ZIP	Floral City, FL 34436	
TITLE	Treasurer - Assistant	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albina Cooper T	
STREET ADDRESS	9659 S Buckskin Ave	
CITY-ST-ZIP	Floral City, FL 34436	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen Melanson T	
STREET ADDRESS	7231 Rockwood Dr	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	Board Member T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Bestery	
STREET ADDRESS	11315 Linden Drive	
CITY-ST-ZIP	Spring Hill, FL 34603-23	<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:

Robert L Cooper President

President

352-860-1378

2-2-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)