2001 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2001 8:00 am **DÖCUMENT # N17437 Secretary of State** 02-13-2001 90031 005 ****61.25 WEST FLORIDA AVIAN SOCIETY, INC. Principal Place of Business Mailing Address P O BOX 5387 P O BOX 5387 A0022U46 SPRING HILL FL 34611 SPRING HILL FL 34611 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2736440 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>Susan E. Winde</u> Street Address (P.O. Box Number is N COOPER, ALBINA L 9659 S BUCKSKIN AVE FLORAL CITY FL 34436 Zip Code 34610 Brooksville 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. 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PDD ☐ Addition ☐ Delete Change TITLE TITLE COOPER, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 9659 S BUCKSKIN AVE CITY-ST-ZIP CITY-ST-ZIP FLORAL CITY FL 34436 Treasurer Delete Change Change ☐ Addition TITLE TITLE Susan E. Winde 18415 Caufield Rd. COOPER, ALBINA T NAME NAME STREET ADDRESS 9659 S BUCKSKIN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FLORAL CITY FL 34436 Brooksville, The 34410 ☐ Delete ☐ Addition TITLE TITLE ☐ Change MELANSON, KATHLEEN NAME NAME STREET ADDRESS 7231 ROCKWOOD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PORT RICHEY FL 34668 Vice-President TITLE **D**elete TITLE ☐ Change **Addition** Shirley Stewart 18810 Bowman Rd. BESTERY, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 11315 LINDEN DR CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 386-0323 Brooksville TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

ASIGNATURUS IQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-01 352-848-079

FILED

Daytime Phone #

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