

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90052 024 \*\*\*\*61.25

**DOCUMENT # N17437**

1. Entity Name

**WEST FLORIDA AVIAN SOCIETY, INC.**

Principal Place of Business

P O BOX 5387  
 SPRING HILL FL 34611  
 US

Mailing Address

P O BOX 5387  
 SPRING HILL FL 34611  
 US

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 **59-2736440**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WINDE, SUSAN E**  
**18415 CAUFIELD RD**  
**BROOKSVILLE FL 34610**

7. Name and Address of New Registered Agent

Name **Lisa M. Schmittou**  
 Street Address (P.O. Box Number is Not Acceptable) **15710 Shady Hills Rd**  
 City **Spring Hill** FL Zip Code **34610**

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 

**3-7-02**

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

TITLE	PDD	<input checked="" type="checkbox"/> Delete
NAME	COOPER, ROBERT	
STREET ADDRESS	9659 S BUCKSKIN AVE	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WINDE, SUSAN E	
STREET ADDRESS	18415 CAUFIELD RD	
CITY-ST-ZIP	BROOKSVILLE FL 34610	
TITLE	AST	<input checked="" type="checkbox"/> Delete
NAME	MELANSON, KATHLEEN	
STREET ADDRESS	7231 ROCKWOOD DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STEWART, SHIRLEY	
STREET ADDRESS	18810 BOWMAN RD	
CITY-ST-ZIP	BROOKSVILLE FL 34610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margaret Lago	
STREET ADDRESS	1490 Glenridge Dr.	
CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa M. Schmittou	
STREET ADDRESS	15710 Shady Hills Rd	
CITY-ST-ZIP	Spring Hill FL 34610	
TITLE	BRN A. M. McCormick	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11152 Blackwood Drive	
STREET ADDRESS	New Port Richey, FL 34654	
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert J. Besteracy	
STREET ADDRESS	11315 Winden Dr	
CITY-ST-ZIP	Spring Hill, FL 34608-5138	
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:**

  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-7-02**

CR2E037 (9/01)