

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90098 049 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35057

1. Corporation Name

ASSOCIATION FOR TROPICAL LEPIDOPTERA, INC.

Principal Place of Business

% JOHN B. HEPPNER
1911 S.W. 34TH ST.
GAINESVILLE FL 32608

Mailing Address

PO BOX 141210
GAINESVILLE FL 32614
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/02/1989

4. FEI Number

59-2989991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HEPPNER, JOHN B.
1911 S.W. 34TH ST.
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with; and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DSTC ☐ DELETE
NAME HEPPNER, J.B.
STREET ADDRESS 101 NW 28TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE D ☐ DELETE
NAME DAVIS, DON R.
STREET ADDRESS DEPT OF ENTOMOLOGY, 10TH & CONSTITUTION
CITY-ST-ZIP WASHINGTON DC 20560

TITLE D ☐ DELETE
NAME ELIAZAR, P. J.
STREET ADDRESS UNIF OF FL. DEPT OF ZOOLOGY
CITY-ST-ZIP GAINESVILLE FL 32611

TITLE D ☐ DELETE
NAME DRUMMOND, B. A.
STREET ADDRESS P. O. BOX 9061
CITY-ST-ZIP WOODLAND PARK CO

TITLE D ☐ DELETE
NAME LAMAS, GERADO
STREET ADDRESS MUSEO HISTORIA NATURAL, APDS 14-0434
CITY-ST-ZIP LIMA, PERU

TITLE D ☐ DELETE
NAME TURNER, JON D.
STREET ADDRESS 310 COLE DR SE
CITY-ST-ZIP HUNTSVILLE AL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D
BECKER V. O.
C. P. 04525
Brasilia, DF 70919, BRAZIL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D
MIELKE Olaf H.H.
Univ. Fed. Parana, C. P. 19020
Curitiba, Parana 81531-990, BRAZIL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D
MUNROE, E. G.
3093 Barlow Crescent, RRI
Dunrobin, ON, K0A1T0, CANADA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

DVP
EMMEL T. C.
Univ. FL, Dept. Zoology
Gainesville, FL 32611

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/99

(352) 372-3505 x139

CR2E037 (1/198)

0011743