

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90222 003 \*\*\*\*61.25

0002747

**DOCUMENT # N35057**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2989991**

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

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

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DSTC	<input type="checkbox"/> Delete
NAME	HEPPNER, J.B.	
STREET ADDRESS	101 NW 28TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, DON R.	
STREET ADDRESS	DEPT OF ENTOMOLOGY, 10TH & CONSTITUTION	
CITY-ST-ZIP	WASHINGTON DC 20560	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELIAZAR, P. J	
STREET ADDRESS	UNIF OF FL, DEPT OF ZOOLOGY	
CITY-ST-ZIP	GAINESVILLE FL 32611	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRUMMOND, B. A	
STREET ADDRESS	P. O. BOX 9061	
CITY-ST-ZIP	WOODLAND PARK CO	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMAS, GERADO	
STREET ADDRESS	MUSEO HISTORIA NATURAL, APDS 14-0434	
CITY-ST-ZIP	LIMA, PERU	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, JON D.	
STREET ADDRESS	310 COLE DR SE	
CITY-ST-ZIP	HUNTSVILLE AL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKER, V. O.	
STREET ADDRESS	C.P. 04525	
CITY-ST-ZIP	Brasilia, DF 70919, BRAZIL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIELKE, Olaf. H.-H.	
STREET ADDRESS	Univ. Fed. Parana, C.P. 19020	
CITY-ST-ZIP	Curitiba, PR 81531-990 BRAZIL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNROE, E. G.	
STREET ADDRESS	3093 Barlow Crescent, R.R.1	
CITY-ST-ZIP	Dunrobin, ON K0A1T0, CANADA	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMMEL, Thomas C.	
STREET ADDRESS	Dept. Zool, Univ. Fla.	
CITY-ST-ZIP	Gainesville, FL 32611	
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 REQUIRED**

J.B. Heppner

4/18/01 (352)372-3505 x139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)