

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90109 032 *****61.25

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BECKER, V. O.**
STREET ADDRESS **CP 04525**
CITY-ST-ZIP **BRASILIA, BRAZIL DF 7-0919**

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**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP/D** ☐ Change ☒ Addition
NAME **Emmel, T. C.**
STREET ADDRESS **Dept Zoology, Univ. of Fla.**
CITY-ST-ZIP **Gainesville, FL 32611**

TITLE **D** ☐ Change ☒ Addition
NAME **Mielke, Olat H. H.**
STREET ADDRESS **Univ. Parana Dept. Zool. C.P. 19020**
CITY-ST-ZIP **81531-990 Curitiba, PR, Brazil**

TITLE **D** ☐ Change ☒ Addition
NAME **Munro, Eugene G.**
STREET ADDRESS **R.R. 1**
CITY-ST-ZIP **Dunrobin, ON, Canada K0A 1T0**

TITLE **C/T/S/D** ☐ Change ☒ Addition
NAME **Heppner, John B.**
STREET ADDRESS **OPP FSCA, FDACS, Box 147100**
CITY-ST-ZIP **Gainesville, FL 32604-7100**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4/21/03 (352)
372-3565 x139

CR2E037 (10/02)