

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90098 039 ****61.25

DOCUMENT # N37237

1. Entity Name

AMERICAN ENTOMOLOGICAL INSTITUTE, INC.

Principal Place of Business

**3005 S.W. 56TH AVENUE
GAINESVILLE FL 32608**

Mailing Address

**3005 S.W. 56TH AVENUE
GAINESVILLE FL 32608**

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

38-1849251

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

**HABECK, DALE H.
3005 S.W. 56TH AVENUE
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 PD ☐ Delete
NAME HABECK, DALE H.
STREET ADDRESS ROUTE 2, BOX 125-14
CITY-ST-ZIP MICANOPY FL

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

TITLE D ☐ Delete
NAME WHARTON, ROBERT A.
STREET ADDRESS C/O TEXAS A & M UNIVERSITY
CITY-ST-ZIP COLLEGE STATION TX

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

TITLE D ☐ Delete
NAME LLOYD, JAMES E.
STREET ADDRESS UNIVERSITY OF FLORIDA.
CITY-ST-ZIP GAINESVILLE FL

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

TITLE VD ☐ Delete
NAME MORSE, JOHN
STREET ADDRESS C/O CLEMSON UNIVERSITY
CITY-ST-ZIP CLEMSON SC

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

TITLE D ☐ Delete
NAME DASCH, CLEMENT
STREET ADDRESS 160 MONTGOMERY BLVD
CITY-ST-ZIP NEW CONCORD OH

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

TITLE SD ☐ Delete
NAME WAHL, DAVID
STREET ADDRESS 3005 S.W. 56TH AVE.
CITY-ST-ZIP GAINESVILLE FL

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:

David B. Wahl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 Jan. 2001

352-377-6458

Date Daytime Phone #

CP2E037 (10/00)