

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90039 008 *****70.00

DOCUMENT # 193000004610

1. Entity Name

Bird World, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5430 S E 193rd Terr.

Suite, Apt. #, etc.

3. Mailing Address

5430 S E 193rd Terr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hawthorne, Fl.

City & State

Hawthorne, Fl.

4. FEI Number

59-3206748

Applied For

Not Applicable

Zip

32640

Country

U S A

Zip

32640

Country

U S A

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ray Haufler

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

5430 S E 193rd Terr.

City

Hawthorne

FL

Zip Code

32640

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Ray Haufler
5430 S E 193rd Terr.
Hawthorne, Fl. 32640

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Scott Lester
Hwy 20
Hawthorne, Fl. 32640

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Garth Antony
111 NW 91st St.
Gainesville, Fl. 32606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Cheryl Haufler
5430 S E 193rd Terr.
Hawthorne, Fl. 32640

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-02

352-481-0009

CR2E037B (12/01)