

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90145 039 ****70.00

DOCUMENT # N93000004610



1. Entity Name
BIRD WORLD, INC.

Principal Place of Business

**5430 S E 193RD TERR
HAWTHORNE FL 32640**

Mailing Address

**5430 S E 193RD TERR
HAWTHORNE FL 32640**

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 **59-3206748**

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

**HAUFLER, RAY E
5430 S E 193RD TERR
HAWTHORNE FL 32640**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAUFLER, RAY	
STREET ADDRESS	5430 S E 193RD TERR	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARTH, ANTONY	
STREET ADDRESS	111 NW 91ST ST	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	LESTER, SCOTT	
STREET ADDRESS	HWY 20	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAUFLER, CHERYL	
STREET ADDRESS	5430 S E 193RD TERR	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAUFLER, CHERYL	
STREET ADDRESS	RT 3 BOX 24	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAUFLER, RAY E	
STREET ADDRESS	5430 SE 193 TERR	
CITY-ST-ZIP	HAWTHORNE FL 32640	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

RAYGATHAUFLER

3/15/2003

CR2E037 (10/02)