

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90268 019 *****61.25

DOCUMENT # N94000001839

1. Entity Name

THE ASSOCIATION FOR THE PRESERVATION OF GAMEFOWL

Principal Place of Business

9921 SW 157 TERR
 MIAMI FL 33156

Mailing Address

9921 SW 157 TERR
 MIAMI FL 33156

2. Principal Place of Business

213 Clifton Road

3. Mailing Address

213 Clifton Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crescent City FL

City & State

Crescent City FL

Zip

32112

Country

USA

Zip

32112

Country

USA

4. FEI Number

65-0481745

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, NEAL
 2025 SLOCOMB ROAD
 HAINES CITY FL 33844

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.

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TAPIA, ALAN J	
STREET ADDRESS	16000 SW 272 ST	
CITY-ST-ZIP	MIAMI FL 33031	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RIERA-GOMEZ, JANET	
STREET ADDRESS	8220 SW-95 ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, CONNIE MACK	
STREET ADDRESS	RT 2, BOX 58	
CITY-ST-ZIP	PERRY FL 32347	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary York	
STREET ADDRESS	9502 Alice Lane	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	213 Clifton Road	
CITY-ST-ZIP	Crescent City FL 32112	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cliff Palmer	
STREET ADDRESS	13615 Fanshawe Road	
CITY-ST-ZIP	Jacksonville, FL 32246	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Janet Riera-Gomez 5/3/01 321-8538

CR2E037 (10/00)