

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001647

1. Entity Name

AVIAN RESEARCH AND CONSERVATION INSTITUTE, INC.

Principal Place of Business

Mailing Address

411 NE 7 STREET
GAINESVILLE FL 32601

411 NE 7 STREET
GAINESVILLE FL 32601

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

59-3455864

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

MEYER, KENNETH D
411 NE 7 STREET
GAINESVILLE FL 32601

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.

9. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	MEYER, KENNETH D	411 NE 7 STREET	GAINESVILLE FL 32601	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SLATER, GARY L	5767 CHINQUAPIN HILL RD	PETERSBURG KY 41080	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CERULEAN, SUSAN	9554 YASHUNTAFUN RD	TALLAHASSEE FL 32311	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MILLER, KARL	1231 NW 25TH TERR	GAINESVILLE FL 32605	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	APPELSON, GARY	407 NE 8TH ST	GAINESVILLE FL 32601	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-02 352-335 4151

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90299 009 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)