

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000002854**

1. Entity Name

**CENTER FOR BIRDS OF PREY FOUNDATION, INC.**

Principal Place of Business

**6222 BROOKHILL CIRCLE  
ORLANDO FL 32810**

Mailing Address

**6222 BROOKHILL CIRCLE  
ORLANDO FL 32810**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

**STACK, RANDALL  
6222 BROOKHILL CIRCLE  
ORLANDO FL 32810**

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	D	<input type="checkbox"/> Delete
NAME	STACK, RANDALL	
STREET ADDRESS	6222 BROOKHILL CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32810	

TITLE	D	<input type="checkbox"/> Delete
NAME	STACK, PAULA	
STREET ADDRESS	6222 BROOKHILL CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32810	

TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, THERESA	
STREET ADDRESS	394 GREGORY DRIVE NORTH	
CITY-ST-ZIP	CASSELBERRY FL 32707	

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		<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
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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.

Paula A. Stack, Director

SIGNATURE: *Paula A. Stack, Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90313 041 \*\*\*\*61.25

AUG 31 2001



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3572962**

Applied For

Not Applicable

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

CR2E037 (10/00)

4/17/01 407-295-9484

Date

Daytime Phone #