2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90185 005 ****70.00

DOCUMENT # 727731

1. Entity Name

AMERICAN LEPTOSPIROSIS RESEARCH CONFERENCE, INC.

Principal Place of Business	Mailing Address
LEPTOSPIROSIS UNIT 13TH DAYTON RD AMES IO 50010 US	ALT. DAVID. P 1120 3RD ST NEVADA IO 50201 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Department of Population Medicine & Diagnostic Sciences	
Suite, Apt. #, etc. College of Veterinary Medicine	Suite, Apt. #, etc. Cornell University
City & State Ithaca, NY	City & State
Zip 14853	Country Tompkins
Zip	Country

4. FEI Number 25-7541543 ☐ 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
RUBIN, HAVEY L. (DR) 2370 LYNDELL DR. BOX 1836 KISSIMMEE FL 32741	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ALT, DAVID 1120 3RD ST NEVADA IA 50201	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Yung-Fu Chang Department of Population Medicine and Diagnostic Sciences, College of Veterinary Medicine, Cornell University, Ithaca, NY 14853	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD THOMAS, BETTY G POB 640 LETHBRIDGE AL 50010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAAKE, DAVID UCLA SCHOOL OF MEDICINE LOS ANGELES CA 90073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Yung-Fu Chang Yung-Fu Chang 4-12-02 607-253-3675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #