

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753338

1. Entity Name

INTERNATIONAL FOUNDATION FOR BIOCHEMICAL ENDOCRI

Principal Place of Business

Mailing Address

RR-1 BAYSIDE ROAD
P.O. BOX 316C
ELLSWORTH ME 04605

126 Fox Run Rd
Trenton, ME
04605

RR-1 BAYSIDE ROAD
P.O. BOX 316C
ELLSWORTH ME 04605

126 Fox Run Rd
Trenton, ME
04605

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

59-2069395

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

CLAYTON, JAMES E.
111 S.E. FIRST AVENUE
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.

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
DP
MCKERNS, KENNETH W.
RR-1 BOX 316C
ELLSWORTH ME

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MCKERNS, MAUREEN K
10593 MERDOCINO LANE
BOCA RATON FL 33428

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
CLAYTON, JAMES E.
ROUTE 2, BOX 78
MICANOPY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
126 Fox Run Rd
Trenton ME 04605

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(11901 SE County Rd
234 Mcanopy FL 32667)

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90453 022 ****61.25

00049729



DO NOT WRITE IN THIS SPACE.

CR2E037 (10/00)