9/10/01-90044-026-$70.00-$70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007025

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT -8 AM 11:17

000503

1. Entity Name

AVICULTURE MICROBIOLOGY FOUNDATION, INC.

Principal Place of Business	Mailing Address
530 ACACIA ROAD VERO BEACH FL 32963	530 ACACIA ROAD VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE

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 65-1021443 ☐ 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
Pefley, Cherane PEFLEY, CHERANE 530 ACACIA ROAD VERO BEACH FL 32963	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 Cherane Pefley 8-31-2001
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
After September 12, 2001, min. will be $236.25

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 PEFLEY, CHERANE 530 ACACIA ROAD VERO BEACH FL 32963	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOAK, SCOTT A MD S220 DANERN DRIVE BEAVERCREEK OH 45430	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEGER, LINDA 2975 BISHOP ROAD INMAN SC 29349	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV JOHNSON, JERRY M 529 NW 84TH STREET GAINESVILLE FL 32607	☑ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DESBOROUGH, LAURELLA PO BOX 2552 MIDDLEBURG FL 32050	☑ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CASMIER, SHARON R PO BOX 850 SUMNER WA 98390	☐ Delete	☐ Change ☐ Addition AD	

CR2E037 (5/01)

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: Cherane Pefley 8-31-2001 561-234-4486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #