

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90084 012 ****61.25

DOCUMENT # N97000006179

1. Entity Name

PARATUBERCULOSIS AWARENESS & RESEARCH ASSOCIATIO

Principal Place of Business

**11724 PRIMROSE LANE
 TEMPLE TERRACE FL 33637**

Mailing Address

**P. O. BOX 16219
 TEMPLE TERRACE FL 33687-6219**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3479344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MEYER, KAREN
 11724 PRIMROSE LANE
 TEMPLE TERRACE FL 33637**

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 **PTD** ☐ Delete
 NAME **MEYER, KAREN E**
 STREET ADDRESS **11724 PRIMROSE LANE**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33637**

TITLE **D** ☐ Delete
 NAME **MILLER, CHERYL A.**
 STREET ADDRESS **800 COUNTRY-CREEK DR**
 CITY-ST-ZIP **FINDLAY OH 45840**

TITLE **D** ☐ Delete
 NAME **MERKEL, STEPHEN**
 STREET ADDRESS **380 OAKMOOR**
 CITY-ST-ZIP **BAY VILLAGE OH 44140**

TITLE **D** ☐ Delete
 NAME **KENNEDY, ALAN**
 STREET ADDRESS **55 GROVE PARK DR**
 CITY-ST-ZIP **GLASNEVIN DU**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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.

SIGNATURE: **KAREN MEYER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (813) 989-9587
 Date Daytime Phone #

CR2E037 (10/00)