

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90009 017 \*\*\*\*\*61.25

**DOCUMENT # P34449**

1. Entity Name

**ASSOCIATION OF AVIAN VETERINARIANS, INC.**

Principal Place of Business

P.O. BOX 811720  
BOCA RATON FL 33481

Mailing Address

P.O. BOX 811720  
BOCA RATON FL 33481

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

11-2651082

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FREEDMAN, ADINA RAE  
378 NW 22ND AVENUE  
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1180 South Ocean Blvd. # 5F

City  
Boca Raton

FL

Zip Code  
33432

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.

Adina Rae Freedman

(NOTE: Registered Agent signature required when retesting)

02/14/01  
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	WELCH, PAUL	
STREET ADDRESS	6528 E 101 ST	
CITY-ST-ZIP	TULSA OK 74133	

TITLE	ED	<input type="checkbox"/> Delete
NAME	FREEDMAN, ADINA R	
STREET ADDRESS	378 NW 22 AVE	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	C	<input type="checkbox"/> Delete
NAME	FREEDMAN, ADINA	
STREET ADDRESS	378 NW 22 AVE.	
CITY-ST-ZIP	BOCA RATON FL 33486	

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SPEER, BRIAN	
STREET ADDRESS	3807 MAIN STREET	
CITY-ST-ZIP	OAKLEY CA 94561	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PHALEN, DAVID	
STREET ADDRESS	TEXAS A&M UNIVERSITY	
CITY-ST-ZIP	COLLEGE STATION TX 77843	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LINNETZ, LAWRENCE	
STREET ADDRESS	595 CLARK AVE	
CITY-ST-ZIP	BRISTOL CT	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Welch, Paul	
STREET ADDRESS	6528 E. 101 Street	
CITY-ST-ZIP	Tulsa, OK 74133	

TITLE	ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Freedman, Adina	
STREET ADDRESS	1180 South Ocean Blvd. #5F	
CITY-ST-ZIP	Boca Raton, FL 33432	

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Freedman, Adina	
STREET ADDRESS	1180 South Ocean Blvd. #5F	
CITY-ST-ZIP	Boca Raton, FL 33432	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	April Romagnano	
STREET ADDRESS	1471 Folsom Road	
CITY-ST-ZIP	Loxahatchee, FL 33470	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tracey Ritzman	
STREET ADDRESS	350 S. Huntington Avenue	
CITY-ST-ZIP	Boston, MA 02130	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. Avery Bennett	
STREET ADDRESS	14790 Washington Avenue	
CITY-ST-ZIP	San Leandro, CA 94578	

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 Adina Rae Freedman

2/14/01

561-393-8901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (10/00)