

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734137

1. Entity Name

FLORIDA INSTITUTE OF TECHNOLOGY RESEARCH & ENGIN

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90036 027 ****61.25

Principal Place of Business

Mailing Address

~~ROBERT C. BOWIE~~
 150 W. UNIVERSITY BLVD.
 MELBOURNE FL 32901-6988

~~ROBERT C. BOWIE~~
 150 W. UNIVERSITY BLVD.
 MELBOURNE FL 32901-6982



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Financial Affairs

Financial Affairs

Suite, Apt. #, etc.

Suite, Apt. #, etc.

150 W. University Blvd.

City & State

City & State

Melbourne, FL

4. FEI Number

59-6046500

Applied For

Not Applicable

Zip

Country

Zip

Country

32901

Brevard

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

REVAY, ANDREW W., JR.
 312 PALM COURT
 INDIALANTIC FL 32903

Name

Street Address (P.O. Box Number is Not Acceptable)
 3669 Teakwood Court

City
 Melbourne

FL

Zip Code
 32935

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	OT	<input type="checkbox"/> Delete
NAME	BARTREM, RICHARD L	
STREET ADDRESS	150 W UNIVERSITY BLVD	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEAVER, LYNN E	
STREET ADDRESS	914 S RIVERSIDE DR	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REVAY, ANDREW W., JR	
STREET ADDRESS	312 PALM COURT	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9780 S. Tropical Trail	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 2-29-00

(321) 674 7340

Date

Daytime Phone #

CR2E037 (9/99)