

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741519

1. Entity Name

EAR RESEARCH FOUNDATION, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90039 043 ****61.25

Principal Place of Business	Mailing Address
1901 FLOYD ST SARASOTA FL 34239 US	1901 FLOYD ST SARASOTA FL 34239-2909 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-1862386	Not Applicable

5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
RUSSELL, JEFFREY S. 240 S PINEAPPLE AVE SARASOTA FL 34236

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 _____ (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	PD	☐ Delete
NAME	SILVERSTEIN, HERBERT MD	
STREET ADDRESS	1317 VISTA DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ Delete
NAME	FELDBAUM, MAURICE	
STREET ADDRESS	239 ROBIN DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPD	☐ Delete
NAME	ROSENBERG, SETH MD	
STREET ADDRESS	1961 FLOYD STREET	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	T	☐ Delete
NAME	BARBARIO, ALLAN	
STREET ADDRESS	1858 RINGLINE BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	☐ Delete
NAME	DESENBERG, CHARLES	
STREET ADDRESS	1961 FLOYD STREET	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	☐ Delete
NAME	FELDBAUM, MAURICE	
STREET ADDRESS	239 ROBIN DRIVE	
CITY-ST-ZIP	SARASOTA FL 34236	

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	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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: JEFFREY S. RUSSELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00 941-366-114
Date Daytime Phone #