

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741519

1. Entity Name

EAR RESEARCH FOUNDATION, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90310 027 ****61.25

Principal Place of Business

1901 FLOYD ST
SARASOTA FL 34239
US

Mailing Address

1901 FLOYD ST
SARASOTA FL 34239
US

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 **59-1862386**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Allan Barberio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E037 (10/00)