

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741619

1. Entity Name

DYSLEXIA RESEARCH INSTITUTE, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90015 004 \*\*\*\*61.25

Principal Place of Business 5746 CENTERVILLE RD TALLAHASSEE FL 32308 US	Mailing Address 5746 CENTERVILLE RD TALLAHASSEE FL 32308-2893 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1820902</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HARDMAN, PATRICIA K.**  
**5746 CENTERVILLE RD**  
**TALLAHASSEE FL 32308**

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 D NAME RENNICK, ROBYN STREET ADDRESS 3915 WOODGREEN WAY CITY-ST-ZIP TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE D NAME HARDMAN, PATRICIA K STREET ADDRESS 3915 WOODGREEN WAY CITY-ST-ZIP TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE VSD NAME KITTERMAN, LESLIE STREET ADDRESS 969 MEDIEVAL PLACE CITY-ST-ZIP TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE D NAME ATKINSON, BETTYE STREET ADDRESS 1513 SHARON ROAD CITY-ST-ZIP TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE D NAME MAURY HAGERMAN STREET ADDRESS 3519 OFFALY COURT CITY-ST-ZIP TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE PD NAME PENNEKAMP, THOMAS STREET ADDRESS 12064 CEDAR BLUFF CITY-ST-ZIP TALLAHASSEE FL 32312	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME OSTERYOUNG, JEROME STREET ADDRESS 2912 Brandemere Drive CITY-ST-ZIP Tallahassee, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME WOLD, Tyler R. STREET ADDRESS 1504 Paula Drive CITY-ST-ZIP Tallahassee, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Patricia K. Hardman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00 850 893 2216  
 Date Daytime Phone #

CR2E037 (9/99)