

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90097 018 \*\*\*\*61.25

**DOCUMENT # 741619**

1. Entity Name  
**DYSLEXIA RESEARCH INSTITUTE, INC.**



Principal Place of Business

**5746 CENTERVILLE RD  
TALLAHASSEE FL 32308  
US**

Mailing Address

**5746 CENTERVILLE RD  
TALLAHASSEE FL 32308  
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 **59-1820902**

Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
NAME **RENNICK, ROBYN**  
STREET ADDRESS **3915 WOODGREEN WAY**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D**  Change  Addition  
NAME **Wold, Ty**  
STREET ADDRESS **1504 Paula Drive**  
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **D**  Delete  
NAME **HARDMAN, PATRICIA K**  
STREET ADDRESS **3915 WOODGREEN WAY**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D**  Change  Addition  
NAME **Scruggs, Jeannie**  
STREET ADDRESS **5407 Touraine Way**  
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **VSD**  Delete  
NAME **KITTERMAN, LESLIE**  
STREET ADDRESS **969 MEDIEVAL PLACE**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D**  Change  Addition  
NAME **DiMarco, Anthony**  
STREET ADDRESS **1001 Thomasville Road**  
CITY-ST-ZIP **P O Box 1360 Tallahassee, FL 32302**

TITLE **D**  Delete  
NAME **ATKINSON, BETTYE**  
STREET ADDRESS **1513 SHARON ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **OSTERYOUNG, JEROME PH. D.**  
STREET ADDRESS **2912 BRANDEMERE DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD**  Delete  
NAME **PENNEKAMP, THOMAS**  
STREET ADDRESS **12064 CEDAR BLUFF**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D**  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: *Patricia K. Hardman* **Patricia K. Hardman** 1-7-02 850-893-2216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)