

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 754092**

1. Entity Name

**CORPORATION FOR PUBLIC MEDICINE, INC.**

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90074 025 \*\*\*\*61.25

Principal Place of Business	Mailing Address
C/O SISLER & COMPANY 2622 NW 43RD ST. B-1 GAINESVILLE FL 32606 US	C/O SISLER & COMPANY 2622 NW 43RD ST. B-1 GAINESVILLE FL 32606-7428 US



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	Zip	Country

4. FEI Number <b>59-2043240</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**

**STEIN, SARA**  
**C/O SISLER & CO**  
**2622 NW 43RD ST., B-1**  
**GAINESVILLE FL 32604**

**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	CD	<input type="checkbox"/> Delete
NAME	STEIN, GERALD H	
STREET ADDRESS	C/O SISLER & CO 2622 NW 43RD ST, B-1	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	STEIN, SARA	
STREET ADDRESS	C/O SISLER & CO 2622 N.W. 43RD ST. B-1	
CITY-ST-ZIP	GAINESVILLE FL 32604	
TITLE	SD	<input type="checkbox"/> Delete
NAME	QUAY, GARY	
STREET ADDRESS	9301 NW 8TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32606	
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		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	
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:** *SARA MORTON STEIN* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **SARA MORTON STEIN** **PRESIDENT** **3/5/00** **352-373-3553**  
 Date Daytime Phone #

CF2E037 (9/99)