

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90271 005 \*\*\*\*61.25

**DOCUMENT # N00000004429**

1. Entity Name

**FLORIDA SOCIETY OF REPRODUCTIVE ENDOCRINOLOGY AN**

Principal Place of Business

2825 N. STATE RD. 7, SUITE 302  
 MARGATE FL 33063

Mailing Address

2825 N. STATE RD. 7, SUITE 302  
 MARGATE FL 33063

*CP 12540*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

*62-1465796*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAXSON, WAYNE S**  
**2825 N. STATE RD. 7, SUITE 302**  
**MARGATE FL 33063**

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	<input type="checkbox"/> Delete
NAME	YEKO, TIMOTHY	
STREET ADDRESS	4 COLUMBIA DR.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAXSON, WAYNE S	
STREET ADDRESS	2825 N. STATE RD. 7, SUITE 302	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAYKH, MARWAN M	
STREET ADDRESS	784 BLANDING BLVD., SUITE 108	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIGGALL, FRANK C	
STREET ADDRESS	23 W. COPELAND DR.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, R. STAN	
STREET ADDRESS	P. O. BOX 100294	
CITY-ST-ZIP	GAINESVILLE FL 32610	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/26/01*

CR2E037 (10/00)