

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

0020215

DOCUMENT # N97000005650

1. Entity Name

FOUNDATION FOR SCIENTIFIC INQUIRY, INC.

05-25-2001 90287 049 *****61.25

553902



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1501 N.W. 68TH TERRACE GAINESVILLE FL 32605	Mailing Address 1501 N.W. 68TH TERRACE GAINESVILLE FL 32605
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3471957	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BENNER, STEVEN A 1501 N.W. 68TH TERRACE GAINESVILLE FL 32605
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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. (NOT: 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNER, STEVEN 1501 N.W. 68TH TERRACE GAINESVILLE FL 32605 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, BEVERLY A 1501 N.W. 68TH TERRACE GAINESVILLE FL 32605 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, JENNIFER A 6213 B SEASIDE WALK LONG BEACH CA 90803 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chamberlin, Stephen G. 12085 Research Drive Alachua, FL 32615 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richards, Nigel 1435 NW 116th Way Gainesville, FL 32605 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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 REQUIRED** *[Signature]* **May 1, 2001 352 392 7773**

CR2E037 (10/00)