

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91047 024 ****61.25

DOCUMENT # N35205

1. Entity Name

AMERICAN CHITOSCIENCE SOCIETY, INC.



Principal Place of Business

**C/O DR JOHN P ZIKAKIS
3430 GALT OCEAN DR STE 1402
FT LAUDERDALE FL 33308**

Mailing Address

**C/O DR JOHN P ZIKAKIS
3430 GALT OCEAN DR STE 1402
FT LAUDERDALE FL 33308**

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 **65-0155800**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIKAKIS, DR JOHN P
3430 GALT OCEAN DR
STE 1402
FT LAUDERDALE FL 33308**

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	VD	<input type="checkbox"/> Delete
NAME	BRINE, CHARLES J. (DR)	
STREET ADDRESS	28 TEE AR PL	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORAH, GREGORY D	
STREET ADDRESS	69 PRETTY BROOK ROAD	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARISER, E. RAY	
STREET ADDRESS	138 SCHOOL ST	
CITY-ST-ZIP	BELMONT MA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANDFORD, PAUL A	
STREET ADDRESS	2822 OVERLAND DR.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZIKAKIS, JOHN J. (DR)	
STREET ADDRESS	3430 GALT OCEAN DR., #1402	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KLOKKEVOLD, PERRY	
STREET ADDRESS	1210 OCEAN DR	
CITY-ST-ZIP	LOS ANGELES CA	

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
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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: *John P. Zikakis* **REQUITO DR JOHN P. ZIKAKIS** 4/18/03 954-565-1262

CR2E037 (10/02)