

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720749

1. Entity Name

INTERNATIONAL SCIENCE COUNCIL, INC.

Principal Place of Business

1530 CROSS ST.
SARASOTA FL 33577-3715

Mailing Address

1530 CROSS ST.
SARASOTA FL 34236-7015

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

23-7115009

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

KIMBROUGH, ROBERT A.
1530 CROSS ST.
SARASOTA FL 34236-3715

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME PUTT, DONALD L.
STREET ADDRESS 87 FLOOD CIRCLE
CITY-ST-ZIP ATHERTON CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BLACK, RICHARD B.
STREET ADDRESS RIPPON LODGE
CITY-ST-ZIP WOODBRIDGE VA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JEFFERY, WALTER
STREET ADDRESS 1705 E HUNTINGWOOD LANE
CITY-ST-ZIP BLOOMFIELD HILLS MI

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME CHAMPION, ROBERT L, JR
STREET ADDRESS 202 BEARON
CITY-ST-ZIP BOSTON MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME CHAMPION, V. M.
STREET ADDRESS 3314 C GLOUSTER ST
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME CHAMPION, JOHN B.
STREET ADDRESS 11270 CHAMPAGNE PT RD
CITY-ST-ZIP KIRKLAND WA

TITLE ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90070 041 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)