

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720749

1. Entity Name

INTERNATIONAL SCIENCE COUNCIL, INC.

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90052 013 ****61.25

428938



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1530 CROSS ST.
SARASOTA FL 33577-3715

1530 CROSS ST.
SARASOTA FL 33577-3715

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7115009

Applied For

Not Applicable

Zip

Country

Zip

Country

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	<input type="checkbox"/> Delete
NAME	PUTT, DONALD L.	
STREET ADDRESS	87 FLOOD CIRCLE	
CITY-ST-ZIP	ATHERTON CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, RICHARD B	
STREET ADDRESS	RIPPOON LODGE	
CITY-ST-ZIP	WOODBIDGE VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEFFERY, WALTER	
STREET ADDRESS	1705 E HUNTINGWOOD LANE	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHAMPION, ROBERT L, JR	
STREET ADDRESS	202 BEARON	
CITY-ST-ZIP	BOSTON MA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	CHAMPION, V. M.	
STREET ADDRESS	3314 C GLOUSTER ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHAMPION, JOHN B.	
STREET ADDRESS	11270 CHAMPAGNE PT RD	
CITY-ST-ZIP	KIRKLAND WA	

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	
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-02

CR2E037 (9/01)