

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90001 005 \*\*\*\*61.25

**DOCUMENT # 727431**

1. Entity Name

**AMERICAN ASSOCIATION OF PHONETIC SCIENCES, INC.**

Principal Place of Business

Mailing Address

AAPS 63 DAUER HALL  
 UNIVERSITY OF FLORIDA  
 GAINESVILLE FL 32611  
 US

AAPS P.O. BOX 14095  
 UNIVERSITY STATION  
 GAINESVILLE FL 32604-2095  
 US

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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, WILLIAM S JR**  
**AAPS 63 DAUER HALL**  
**UNIVERSITY OF FLORIDA**  
**GAINESVILLE FL 32611**

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	VD	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, MARY LOUISE	
STREET ADDRESS	SYRACUSE UNIVERSITY	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOPT, JENNY	
STREET ADDRESS	UNIV OF ARIZONA	
CITY-ST-ZIP	TUCSON AR	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLESS, DIANE	
STREET ADDRESS	UNIV OF WISCONSIN	
CITY-ST-ZIP	MADISON WI	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLEGE, JAMES	
STREET ADDRESS	UNIV. OF ALABAMA BIRMINGHAM	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, W S, JR	
STREET ADDRESS	UNIVERSITY OF FLA	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS MURRY	
STREET ADDRESS	UNIVERSITY OF PITTSBURGH	
CITY-ST-ZIP	PITTSBURGH PA	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, MARY LOUISE	
STREET ADDRESS	SYRACUSE UNIVERSITY	
CITY-ST-ZIP	SYRACUSE, NY	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASHIE, JAMES	
STREET ADDRESS	GALLAUDET UNIVERSITY	
CITY-ST-ZIP	WASHINGTON, DC	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIRO L.	
STREET ADDRESS	UNIVERSITY OF COLORADO	
CITY-ST-ZIP	BOULDER, CO	
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)(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:** *William S. Brown, Jr.* **William S. Brown, Jr.** 4/19/00 352-392-2034  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR200037 (9/00)