2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90408 028 ****61.25

DOCUMENT # 729045

1. Entity Name
FLORIDA SOCIETY FOR PSYCHICAL RESEARCH, INC.

Principal Place of Business	Mailing Address
2005 Jackson Street Hollywood, FL	2005 Jackson Street Hollywood, FL

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5809 Hollywood Boulevard	5809 Hollywood Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33020 Country: USA	Zip: 33020 Country: USA

4. FEI Number: 59-1522613 ☐ 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
DAVID J. SIMONS 4601 Sheridan Street - Suite 500 Hollywood, FL 33021	Name: DAVID J. SIMONS Street Address (P.O. Box Number is Not Acceptable): 3864 Sheridan Street City: Hollywood FL Zip Code: 33021

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 _____ 4/25/2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOGETTE, LILIA M. 2005 Jackson Street Hollywood, FL 33020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOGETTE, LILIA M. 738 N. Crescent Drive Hollywood, FL 33021	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SIMONS, BARBARA A. 5111 Madison Street Hollywood, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SIMONS, BARBARA A. 738 N. Crescent Drive Hollywood, FL 33021	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMONS, DAVID J. 4601 Sheridan Street, Suite 500 Hollywood, FL 33021	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHUCKSHING, YVONNE 8651 N.W. 3rd Street Pembroke Pines, FL 33024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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: Barbara A Simons BARBARA A. SIMONS ST 4/23/01 (954) 920623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #