# 

### 2000 UNIFORM BUSINESS REPORT (UBR)

#### **DOCUMENT #732115**

1. Entity Name

#### SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY, I

## FILED Feb 05, 2000 8:00 am Secretary of State

02-05-2000 90046 030 \*\*\*\*61.25

Principal Place of Business Mailing Address									
DEPT. OF PSYCHOLOGY UNIVERSITY OF ROCHESTER ROCHESTER NY 14627		DEPT. OF PSYCHOLOGY UNIVERSITY OF ROCHESTER ROCHESTER NY 14627			}				
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2. Principal Place of Business		3. Mailing Address					ann anair biot	) <b>178</b> 11 <b>1</b> 7871 <b>178</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
						50110111111			
City & State		City & State			4. FEI Number 59-1667323				oplied For
Zip Country		Zip Country			5. Certificate of Status Desired See Required \$8.75 Additional				
6. Name and Address of Current Registered Agent					7. Name and A	dress of New R	egistered /	Agent	
			-Name						
LATANE, BIBB PH.D. 4521 SOUTH OCEAN BLVD. #6			Street	Street Address (P.O. Box Number is Not Acceptable)					
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HIGHLAND BEACH F									-
THE REPORT OF THE			City				FL	Zip Cod	le
8. The above named ent	ity submits this statement for t	the purpose of changing its i	registered office	or registere	ed agent, or both,	in the state of Flor	rida.	<b></b>	
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SIGNATURESIgnature, type	d or printed name of registered agent en	d title if applicable (NOTE	Registered Agent sign	eture required	when reinstating)	<u>.</u>	DATE		<del></del> -
		<del></del>	·		<del></del>				
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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 AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

716 275 8697

Daytime Phone #