

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753362

1. Entity Name

HEALTH EDUCATION SYSTEMS RESEARCH, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90006 029 ****61.25

Principal Place of Business

Mailing Address

3968 NW 25TH CIR
C/O GERALD WIECHMANN
GAINESVILLE FL 32606

3968 NW 25TH CIR
C/O GERALD WIECHMANN
GAINESVILLE FL 32606-7414

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

59-2038683

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

WIECHMANN, GERALD
3968 NW 25TH CIR.
GAINESVILLE FL 32606

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 D ☐ Delete
NAME MCCABE, TYLER R
STREET ADDRESS 421 WAKERA WAY -STE 201
CITY-ST-ZIP SALT LAKE CITY UT 84108

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

TITLE D ☐ Delete
NAME ROBBINS, DOUGLAS K
STREET ADDRESS 705 GRANBURY WAY
CITY-ST-ZIP ALPHARETTA GA

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

TITLE SD ☐ Delete
NAME ROBBINS, KELLEY
STREET ADDRESS 705 GRANBURY WAY
CITY-ST-ZIP ALPHARETTA GA

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

TITLE TD ☐ Delete
NAME WIECHMANN, BRET
STREET ADDRESS 4405 NW 9TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32605

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

TITLE D ☐ Delete
NAME WIECHMANN, H.H.
STREET ADDRESS 7445 SPRING VILLAGE DR. -PV 124
CITY-ST-ZIP SPRINGFIELD VA

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

TITLE D ☐ Delete
NAME OLLINGER, MELVA
STREET ADDRESS 10098 GROSVENOR DR.
CITY-ST-ZIP ST. LOUIS MO

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]* SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/00

Date

352-373-6674

Daytime Phone #

CR2E037 (9/99)