

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753362

1. Entity Name

HEALTH EDUCATION SYSTEMS RESEARCH, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WIECHMANN, GERALD
3968 NW 25TH CIR.
GAINESVILLE FL 33606

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCABE, TYLER R	
STREET ADDRESS	421 WAKERA WAY -STE 201	
CITY-ST-ZIP	SALT LAKE CITY UT 84108	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBBINS, DOUGLAS K	
STREET ADDRESS	705 GRANBURY WAY	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBBINS, KELLEY	
STREET ADDRESS	705 GRANBURY WAY	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WIECHMANN, BRET	
STREET ADDRESS	4405 NW 9TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIECHMANN, H.H.	
STREET ADDRESS	7445 SPRING VILLAGE DR. -PV 124	
CITY-ST-ZIP	SPRINGFIELD VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLLINGER, MELVA	
STREET ADDRESS	10098 GROSVENOR DR.	
CITY-ST-ZIP	ST. LOUIS MO	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	L.A. Ollinger	
STREET ADDRESS	3968 NW 25th Circle	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11311 Willow Gardens Dr.	
STREET ADDRESS	Windermere, FL	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11311 Willow Gardens Dr.	
STREET ADDRESS	Windermere, FL	
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerald H. Wiechmann	
STREET ADDRESS	3968 NW 25th Circle	
CITY-ST-ZIP	Gainesville, FL 32606	
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: *L.A. Ollinger* President L.A. Ollinger 04/16/01 352-373-6674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90322 026 ****61.25

952020



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2038683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)