

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90018 018 ****61.25

DOCUMENT # 753362

1. Entity Name

HEALTH EDUCATION SYSTEMS RESEARCH, INC.

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2038683

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

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

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 **11311 WILLOW GARDENS DR**
 CITY-ST-ZIP **WINDERMERE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **9727 Wyland Ct.**
 CITY-ST-ZIP **Windermere, FL 34796**

TITLE **SD** Delete
 NAME **ROBBINS, KELLEY**
 STREET ADDRESS **11311 WILLOW GARDENS DR**
 CITY-ST-ZIP **WINDERMERE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **9727 Wyland Ct.**
 CITY-ST-ZIP **Windermere, FL 34796**

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 **~~CEO~~ President**
 STREET ADDRESS **L.A. Olinger**
 CITY-ST-ZIP **3968 NW 25th Circle Gainesville, FL 32606**

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: *Melva Olinger*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 04/26/02
 Date

352-373-2316
 Daytime Phone #

CR2E037 (9/01)