

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90010 019 \*\*\*550.00

**DOCUMENT # F02002**

1. Entity Name

**COLEMAN RESEARCH CORPORATION**



Principal Place of Business

201 S. ORANGE AVE  
STE 1300  
ORLANDO FL 32801  
US

Mailing Address

C/O TAX DEPARTMENT  
81 WYMAN STREET  
WALTHAM MA 02254  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2039476**

Applied For

Not Applicable

Zip

Country

Zip

Country

**02454**

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

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CBD  
ARMSTRONG, MARSHALL J.  
81 WYMAN ST  
WALTHAM MA** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
Sandra Lambert  
81 Wyman St.  
Waltham MA 02454** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MORRISON, JAMES B  
201 S. ORANGE AVE., STE 1300  
ORLANDO, FL 3** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Aris Melissaratos  
32801** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
LEVINE, RICHARD H.  
201 S. ORANGE AVE., STE 1300  
LONGWOOD FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
81 Wyman St.  
Waltham MA 02454** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
ADAMS, MARTIN R.  
950 L'ENFANT PLAZA CENTER SW, 8TH FLOOR  
WASHINGTON DC** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
81 Wyman St.  
Waltham MA 02454** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
BECK, BUDDY G.  
950 L'ENFANT PLAZA CENTER SW, 8TH FLOOR  
WASHINGTON DC** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
Kenneth Apicerno  
81 Wyman St.  
Waltham MA 02454** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
WELLS, ROBERT V  
6820 MOQUIN DRIVE  
HUNTSVILLE AL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
Robert Aghababian  
81 Wyman St.  
Waltham MA 02454** ☐ Change ☒ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Robert Aghababian**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-13-00**

Date

**(781)622-1000**

Daytime Phone #