

DOCUMENT # F92000000878

1. Entity Name

MOTE SCIENTIFIC FOUNDATION, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90177 047 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

603 LONGBOAT CLUB WAY, 1101N
LONGBOAT KEY FL 34228

603 LONGBOAT CLUB WAY, 1101N
LONGBOAT KEY FL 34228-3849

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

13-6117615

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

MOTE, WILLIAM R
603 LONGBOAT CLUB WAY, 1101N
SARASOTA FL 34228

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PC
MOTE, WILLIAM R
603 LONGBOAT CLUB WAY, 1101N
LONGBOAT KEY FL 34228 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPVC
JOHNSON, ROBERT M
27 S. ORANGE AVENUE
SARASOTA FL 34236 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RITCHIE, BILL
SP/CLW AIRPORT, RM 239, TERMINAL W WING
CLEARWATER FL 34622 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HULL, PETER T
852 SIESTA DRIVE
SARASOTA FL 34242 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SIEGEL, MILTON
644 OLEASTER AVENUE
WELLINGTON FL 33414 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
William Galvano, Treasurer
1023 MANATEE AVE W. PO DRAWER 1550
BRADENTON, FL 34205 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
HELEN L PRATT
4603 SCIMA ST
SARASOTA FL 34232 ☐ Change ☒ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)