

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90062 025 \*\*\*\*61.25

**DOCUMENT # F98000002506**

1. Entity Name

**SOCIAL SCIENCE CONFERENCES INCORPORATED**

Principal Place of Business

Mailing Address

4521 S. OCEAN BLVD. #6  
 HIGHLAND BEACH FL 33487

4521 S. OCEAN BLVD. #6  
 HIGHLAND BEACH FL 33487-4278

00016020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**56-1348590**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LATANE, BIBB**  
**4521 S. OCEAN BLVD., #6**  
**HIGHLAND BEACH FL 33487**

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	CPV	<input type="checkbox"/> Delete
NAME	LATANE, BIBB	
STREET ADDRESS	4521 S. OCEAN BLVD. #6	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	VST	<input type="checkbox"/> Delete
NAME	RICHARDSON, DEBORAH	
STREET ADDRESS	4521 S. OCEAN BLVD. #6	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROOKS, DAVID M III	
STREET ADDRESS	SUITE 402, UNIVERSITY SQUARE WEST	
CITY-ST-ZIP	CHAPEL HILL NC 27514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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: \_\_\_\_\_

*SIGNATURE REQUIRED*

2/2/00

561-703-6680