

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006642

1. Entity Name

THE INSTITUTE OF PROFESSIONAL PRACTICE, INC.

Principal Place of Business

2096 AIRPORT RD
PO BOX 1249
MONTELIER VT 05601-1249

Mailing Address

2096 AIRPORT RD
PO BOX 1249
MONTELIER VT 05601-1249

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

03-0284103

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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
STEP
STRAUSS, ROGER PHD
RT 100
MORETOWN VT 05660 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEV
LUSSIER, ELAINE J
153 VINE ST / BERLIN
BARRE VT 05641 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KELLY, KIM
20 TATER ST
MONT VERNON NH 03057 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DURHAM, GEORGE
20 TATER ST
MONT VERNON NH 03057 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SCHAARSCHMIDT, MARI
TOWNE HILL ROAD
MONTPELIER VT 05602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
130 West Shore Drive
Groton VT 05046

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
RIVERS, JAMES
TOWNE HILL ROAD
MONTPELIER VT 05602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Roger Strauss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/08/02 1-802-229-9515
Daytime Phone #

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90181 001 ***61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)