

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90064 028 \*\*\*150.00

**DOCUMENT # F99000002288**

1. Entity Name

**ERAGEN BIOSCIENCES, INC.**

Principal Place of Business

**12085 RESEARCH DRIVE  
ALACHUA FL 32615**

Mailing Address:

**12085 RESEARCH DRIVE  
ALACHUA FL 32615**

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 **59-3564685**

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

**CORNELL, KENNETH M  
12085 RESEARCH DRIVE  
ALACHUA FL 32615**

Name **Benner, Steven A.**

Street Address (P.O. Box Number is Not Acceptable)

**1501 NW 68th Terr**

City **Gainesville**

**FL 32605-4147**

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

*Steven A. Benner*

**Steven A. Benner/Director**

**3-29-01**

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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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 **D** ☐ Delete  
NAME **PRUDENT, JAMES**  
STREET ADDRESS **3750 COUNT GROVE DR**  
CITY-ST-ZIP **MADISON WI 53719**

TITLE **D/C/P** ☐ Change ☒ Addition  
NAME **O'Bryan, David**  
STREET ADDRESS **234 Victoria Way**  
CITY-ST-ZIP **Oceanside, CA 92057**

TITLE **D** ☐ Delete  
NAME **BENNER, STEVEN A**  
STREET ADDRESS **1501 NW 68TH TERR.**  
CITY-ST-ZIP **GAINESVILLE FL 32605-4147**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Alianell, Gary A.**  
STREET ADDRESS **18542 Vila Bravo**  
CITY-ST-ZIP **Villa Park, CA 92861**

TITLE **PD** ☐ Delete  
NAME **SHAPIRO, GIDEON**  
STREET ADDRESS **4830 N.W. 43RD ST.**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Kendzior, Raymond J. Jr**  
STREET ADDRESS **1505 Fort Clarke Blvd #9-302**  
CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **D** ☐ Delete  
NAME **ROSSELL, DAVID**  
STREET ADDRESS **437 SOUTH SPARKS ST.**  
CITY-ST-ZIP **BURBANK CA 91506**

TITLE **D** ☐ Change ☒ Addition  
NAME **Kola, Ismail**  
STREET ADDRESS **195 N. Harbor Dr #3501**  
CITY-ST-ZIP **Chicago, IL 60601**

TITLE **S** ☒ Delete  
NAME **CORNELL, KENNETH M**  
STREET ADDRESS **9217 S.W. 43RD LANE**  
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **D** ☒ Change ☐ Addition  
NAME **Shapiro, Gideon**  
STREET ADDRESS **5507 NW 80th Ave**  
CITY-ST-ZIP **Gainesville, FL 32653**

TITLE **DC** ☐ Delete  
NAME **YAKATAN, STAN**  
STREET ADDRESS **635 EUCLID AVE. #110**  
CITY-ST-ZIP **MIAMI FL 33139**

TITLE **D** ☒ Change ☐ Addition  
NAME **Yakatan, Stan**  
STREET ADDRESS **635 Euclid Ave #110**  
CITY-ST-ZIP **Miami, FL 33139**

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:

*Steven A. Benner*

**Steven A. Benner/Director 3-29-01 904-462-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0471277

Document# F99000002288

Attachment for box 12.

XXX Change

Title: D  
Name: Rozzell, David  
Street Address: 437 South Sparks Street  
City-St-Zip: Burbank, CA 91506

520873

