

2001 UNIFORM BUSINESS REPORT (UBR)

1 of 2
0025017 AF

DOCUMENT # L00000008984

1. Entity Name
AQUAGENE, L.L.C.

FILED

01 JUN -1 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
12085 RESEARCH DRIVE
ALACHUA FL 32615

Mailing Address
12085 RESEARCH DRIVE
ALACHUA FL 32615

2. Principal Place of Business
12085 Research Drive
Suite, Apt. #, etc.
Suite 118

3. Mailing Address
12085 Research Drive
Suite, Apt. #, etc.
Alachua

City & State
Alachua, FL

City & State
FL

Zip
32615

Country
Alachua

Zip
32615

Country
USA

4. FEI Number
59-3659004

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROGERS, JOHN
12085 RESEARCH DRIVE
ALACHUA FL 32615

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000004420220--8
-06/14/01--01074--019
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
John B. Rogers 12085 Research Drive Alachua, FL 32615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Weaver H. Gaines 13709 Progress Blvd. Box 13 Suite N-111 Alachua, FL 32615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Timothy Cockshutt 100 North Tampa St. Suite 2410 Tampa, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
John H. Abeles, M.D. 2365 NW 41st Street Boca Raton, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Arup Sen 12085 Research Drive Alachua, FL 32615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
J.M. "Marty" Tanner 218 South Webb Road Plant City, FL 33566	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ **4/27/01** **386-418-1400**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)

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AQUAGENE, L.L.C.

John B. Rogers
President & CEO

Weaver H. Gaines
Board of Managers

Timothy Cockshutt
Board of Managers

Arup Sen
Board of Managers

John H. Abeles, M.D.
Board of Managers

J.M. "Marty" Tanner
Board of Managers