

5/12

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-12-2001 90019 049 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006390

1. Entity Name

SOCIETY OF REGENERATIVE MEDICINE AND STEM CELL B

Principal Place of Business

1600 SW ARCHER RD. ROOM M-641 H
 UNIVERSITY OF FLORIDA
 GAINESVILLE FL 32610

Mailing Address

P.O. BOX 100275
 GAINESVILLE FL 32610

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

59-3681022

☒ 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

PETERSEN, DR BRYON E
 1600 SW ARCHER RD. ROOM M-641 H
 UNIVERSITY OF FLORIDA
 GAINESVILLE FL 32610

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 re-registering)

DATE

4/24/01

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

TITLE	Michael B. Chancellor	<input type="checkbox"/> Delete
NAME	3411 Farn Ave.	Board member
STREET ADDRESS	Pittsburgh, PA 15213	
CITY-ST-ZIP		
TITLE	Board member	<input type="checkbox"/> Delete
NAME	David Stocum	"T"
STREET ADDRESS	402 N. Blackford St.	
CITY-ST-ZIP	Indianapolis, IN 46202	
TITLE	Board member	<input type="checkbox"/> Delete
NAME	Neil Theise	"T"
STREET ADDRESS	560 First Ave.	
CITY-ST-ZIP	New York, NY 10016	
TITLE	Board member	<input type="checkbox"/> Delete
NAME	Gina Schattman	"T"
STREET ADDRESS	8501-418	
CITY-ST-ZIP	Dallas City, TX 75242-1109	
TITLE	Board member	<input type="checkbox"/> Delete
NAME	Henry Young	
STREET ADDRESS	Menlo University School of Med.	
CITY-ST-ZIP	Menlo Park, CA 94025	
TITLE	Board member	<input type="checkbox"/> Delete
NAME	Thomas Okuma	
STREET ADDRESS	230 Constitution Dr.	
CITY-ST-ZIP	Menlo Park, CA 94025	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Kay Lewis	
STREET ADDRESS	14418 280th Lane	
CITY-ST-ZIP	Alachua, FL 32615	
TITLE	Founder	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bryon Petersen	"D"
STREET ADDRESS	P.O. Box 100275	
CITY-ST-ZIP	Gainesville, FL 32610	
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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01

CR2E037 (10/00)