

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # N00000007481****1. Entity Name**
THE FOUNDATION FOR THE PROTECTION OF HUMAN AND GENTIC RIGHTS, INC.**Principal Place of Business**
8441 W. COMMERCIAL BLVD.
TAMARAC FL 33351
Mailing Address
8441 W. COMMERCIAL BLVD.
TAMARAC FL 33351**2. Principal Place of Business**
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI NumberApplied 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 AgentCUSHING WILLIAM TMD,JD
8441 W. COMMERCIAL BLVD.

TAMARAC FL 33351

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 WILLIAM T. CUSHING, MD, JD****09/08/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	MASSEY ISABEL R.N.	
STREET ADDRESS	331 SHARON AVE.	
CITY-ST-ZIP	STATEN ISLAND NY 10301	
TITLE	D	<input type="checkbox"/> Delete
NAME	UHL MICHAEL PH.D.	
STREET ADDRESS	PO BOX 105	
CITY-ST-ZIP	WALPOLE ME 04573	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUSHING LEONIE	
STREET ADDRESS	30069 CENTER RIDGE RD.	
CITY-ST-ZIP	WESTLAKE OH 44145	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUSHING DAVID P	
STREET ADDRESS	30069 CENTER RIDGE RD.	
CITY-ST-ZIP	WESTLAKE OH 44145	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUSHING WILLIAM TMD, JD	
STREET ADDRESS	8441 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	TAMARAC FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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)(f), 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: William T. Cushing, MD, JD**

Dr. 09/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)