

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90173 044 ****70.00

DOCUMENT # *N01000006777*
1. Entity Name
*INCLEDON BIOMEDICAL RESEARCH
INSTITUTE*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *650 S. ATHLETES PL.*
3. Mailing Address *650 S. ATHLETES PL.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *TEMPE, AZ*
City & State *TEMPE, AZ*
Zip *85281* **Country** *USA*
Zip *85281* **Country** *USA*

4. FEI Number
65-1144007

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name *KAREN A. HERSH*

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

2117 PINEHURST WAY

City *CORAL SPRINGS*

FL

Zip Code
33071

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Karen A. Hersh* *KAREN A. HERSH, TREASURER*

APRIL 30, 2003
DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	<i>PRESIDENT</i>
NAME	<i>THOMAS INCLEDON</i>
STREET ADDRESS	<i>650 S. ATHLETES WAY PLACE</i>
CITY-ST-ZIP	<i>TEMPE, AZ 85281</i>
TITLE	<i>TREASURER</i>
NAME	<i>KAREN HERSH</i>
STREET ADDRESS	<i>2117 PINEHURST WAY</i>
CITY-ST-ZIP	<i>CORAL SPRINGS, FL 33071</i>
TITLE	<i>SECRETARY</i>
NAME	<i>LORI GROSS</i>
STREET ADDRESS	<i>650 S. ATHLETES WAY PLACE</i>
CITY-ST-ZIP	<i>TEMPE, AZ 85281</i>
TITLE	<i>CHAIRMAN</i>
NAME	<i>DALE HERSH</i>
STREET ADDRESS	<i>2117 PINEHURST WAY</i>
CITY-ST-ZIP	<i>CORAL SPRINGS, FL 33071</i>
TITLE	<i>EXECUTIVE DIRECTOR</i>
NAME	<i>THOMAS INCLEDON</i>
STREET ADDRESS	<i>650 S. ATHLETES WAY PLACE</i>
CITY-ST-ZIP	<i>TEMPE, AZ 85281</i>
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *DALE HERSH*

4/30/2003 (954) 346-7109
Date **Daytime Phone #**

CR2E037B (12/02)