

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90278 011 \*\*\*\*70.00

**DOCUMENT # N04224**

1. Entity Name

**THE ARTHRITIS RESEARCH INSTITUTE OF AMERICA, INC**

Principal Place of Business

% BETTY J HALL  
 300 S DUNCAN AVE #240  
 CLEARWATER FL 34615

Mailing Address

% BETTY J HALL  
 300 S DUNCAN AVE #240  
 CLEARWATER FL 34615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2438325**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33755**

**33755**

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

HALL, BETTY JEAN RN  
 300 S. DUNCAN AVE., STE. 240  
 CLEARWATER FL 34615 33755

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

*Betty Jean Hall; Betty Jean Hall, Executive Director 01/05/01*

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
 NAME BARRETT, JOHN P. JR.  
 STREET ADDRESS 1911 COVE LANE  
 CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE CD ☐ Delete  
 NAME BROWN, PETER R.  
 STREET ADDRESS 1475 S BELCHER RD  
 CITY-ST-ZIP LARGO FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE T ☐ Delete  
 NAME UMBERG, PAUL  
 STREET ADDRESS 286 PINE RD  
 CITY-ST-ZIP BELLEAIT FL 33756

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S ☐ Delete  
 NAME BARRETT, MICHELLE B  
 STREET ADDRESS 420 W DAVID RD  
 CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME HALL, BETTY JEAN  
 STREET ADDRESS 300 SO DUNCAN AVE #240  
 CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Betty Jean Hall* **01/24/01 (727) 461-4054**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)