

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-07-2003 90047 035 ****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 33755**

Mailing Address

**% BETTY J HALL
300 S DUNCAN AVE #240
CLEARWATER FL 33755**

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 **59-2438325**

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

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

Name **Michele B. Dew**

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

300 S. Duncan Ave., Suite 240

City **Clearwater**

FL

Zip Code **33755**

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

Michele B. Dew

1-10-03

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
Florida 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 **Brown, Peter R**
STREET ADDRESS **300 S. Duncan Ave #240**
CITY-ST-ZIP **Clearwater, FL 33755**

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 **Dew, Michele B**
STREET ADDRESS **414 5th St S**
CITY-ST-ZIP **Safety Harbor, FL 34695**

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

TITLE ☒ Change ☐ Addition
NAME **David Mlock**
STREET ADDRESS **300 S. Duncan Ave #240**
CITY-ST-ZIP **Clearwater, FL 33755**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME **John Babb**
STREET ADDRESS **300 S Duncan Ave #240**
CITY-ST-ZIP **Clearwater, FL 33755**

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:

Michele B. Dew

1-29-03 727-461-8054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)