

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08379

1. Entity Name

FLORIDA SOCIETY FOR MICROSCOPY, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90029 017 ****61.25

Principal Place of Business

Mailing Address

USF ANATOMY DEPT. MDC 6
12901 N. BRUCE B DOWNS BLVD
TAMPA FL 33612

USF ANATOMY DEPT. MDC 6
12901 N. BRUCE B DOWNS BLVD
TAMPA FL 33612-4742

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2440350

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MUFFLY, KARL
USF ANATOMY DEPT. MDC 6
12901 N. BRUCE B DOWNS BLVD
TAMPA FL 33612

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 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 MUFFLY, KARL
STREET ADDRESS 12901 N. BRUCE B DOWNS BLVD, MDC 6
CITY-ST-ZIP TAMPA FL 33612

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

TITLE VD ☐ Delete
NAME MOORE, JO ANN
STREET ADDRESS 12901 N. BRUCE B DOWNS BLVD, MDC 6
CITY-ST-ZIP TAMPA FL 33612

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

TITLE SDTD ☐ Delete
NAME IRWIN, RICHARD
STREET ADDRESS 9333 S. JOHN YOUNG PARKWAY
CITY-ST-ZIP ORLANDO FL 32819

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00

Date

813-974-9385

Daytime Phone #