

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 25, 2001 08:00 AM****Secretary of State****DOCUMENT # N08379**

1. Entity Name

FLORIDA SOCIETY FOR MICROSCOPY, INC.

Principal Place of Business

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

Mailing Address

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

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

59-2440350

Applied 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 Agent

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

7. Name and Address of New Registered Agent

Name
MOORE JO ANN
Street Address (P.O. Box Number is Not Acceptable)
USF ANATOMY DEPT. MDC 6
12901 N. BRUCE B DOWNS BLVD
City TAMPA FL Zip Code 33612

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 **JO ANN MOORE****07/25/2001**

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	SDTD IRWIN RICHARD
STREET ADDRESS	9333 S. JOHN YOUNG PARKWAY
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	<input type="checkbox"/> Delete
NAME	VD MOORE JO ANN
STREET ADDRESS	12901 N. BRUCE B DOWNS BLVD, MDC 6
CITY-ST-ZIP	TAMPA FL 33612
TITLE	<input type="checkbox"/> Delete
NAME	PD MUFLY KARL
STREET ADDRESS	12901 N. BRUCE B DOWNS BLVD, MDC 6
CITY-ST-ZIP	TAMPA FL 33612
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 checked="" type="checkbox"/> Addition
NAME	D LORAAMM BETTY
STREET ADDRESS	4202 E. FOWLER AV SCA110
CITY-ST-ZIP	TAMPA FL 33620
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D GIANNUZZI LUCILLE
STREET ADDRESS	12443 RESEARCH PARKWAY SUITE 305
CITY-ST-ZIP	ORLANDO FL 32826
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	PD PRENITZER BRENDA I
STREET ADDRESS	9333 S. JOHN YOUNG PARKWAY
CITY-ST-ZIP	ORLANDO FL 32819
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: JO ANN MOORE

VD

07/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)