

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2000 8:00 am**  
**Secretary of State**

05-21-2000 90002 002 \*\*\*\*61.25

**DOCUMENT # N30386**

1. Entity Name

**THE GROUP FOR NEUROSCIENCE RESEARCH AND EDUCATIO**

Principal Place of Business

Mailing Address

**1215 LOUISIANA AVE.  
 WINTER PARK FL 32789**

**1215 LOUISIANA AVE.  
 WINTER PARK FL 32789**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2936207**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRONG, HOPE  
 200 W WELLBORNE AVE  
 WINTER PARK FL 32789**

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  Delete  
 NAME **D REILLY, DIANE**  
 STREET ADDRESS **1320 CRESCENT LAKE DR**  
 CITY-ST-ZIP **WINDERMERE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D RIEBEL, JUDITH A**  
 STREET ADDRESS **400 OAKHURST ST**  
 CITY-ST-ZIP **ALTAMONTE SPRGS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D HILLERY, KATHY**  
 STREET ADDRESS **2390 LAKEVIEW AVE**  
 CITY-ST-ZIP **CLERMONT FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T ROWE, ANNA**  
 STREET ADDRESS **702 DRIVER**  
 CITY-ST-ZIP **WINTER PARK FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D WILKES, GEORGE ROBERT**  
 STREET ADDRESS **1003 LEE LANE**  
 CITY-ST-ZIP **LEESBURG 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

407.644.2121

Date

Daytime Phone #

CR2E037 (9/99)