

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90033 001 \*\*\*\*61.25

0024864

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

Zip

Country

Zip

Country

4. FEI Number

59-2936207

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

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

Name Muller, Walter J., III

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

1215 Louisiana Ave.

City Winter Park

FL

Zip Code 32789

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

*[Handwritten Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/01

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	D	<input type="checkbox"/> Delete
NAME	REILLY, DIANE	
STREET ADDRESS	1320 CRESCENT LAKE DR	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIEBEL, JUDITH A	
STREET ADDRESS	400 OAKHURST ST	
CITY-ST-ZIP	ALTAMONTE SPRGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLERY, KATHY	
STREET ADDRESS	2390 LAKEVIEW AVE	
CITY-ST-ZIP	CLERMONT FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROWE, ANNA	
STREET ADDRESS	702 DRIVER	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKES, GEORGE ROBERT	
STREET ADDRESS	1003 LEE LANE	
CITY-ST-ZIP	LEESBURG FL	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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

*[Handwritten Signature]*

Walter J. Muller MD 4/20/01 (407)644-2121

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE