

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N30386

FILED
Sep 04, 2003
Secretary of State

Entity Name: THE GROUP FOR NEUROSCIENCE RESEARCH AND EDUCATION, INC.

Current Principal Place of Business:

1215 LOUISIANA AVE.
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1215 LOUISIANA AVE.
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-2936207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLER, WALTER J III
1215 LOUISIANA AVENUE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REILLY, DIANE
Address: 1320 CRESCENT LAKE DR
City-St-Zip: WINDERMERE, FL

Title: D () Delete
Name: RIEBEL, JUDITH A
Address: 400 OAKHURST ST
City-St-Zip: ALTAMONTE SPRGS, FL

Title: D (X) Delete
Name: HILLERY, KATHY
Address: 2390 LAKEVIEW AVE
City-St-Zip: CLERMONT, FL

Title: T () Delete
Name: ROWE, ANNA,
Address: 702 DRIVER
City-St-Zip: WINTER PARK, FL

Title: D () Delete
Name: WILKES, GEORGE ROBER, T
Address: 1003 LEE LANE
City-St-Zip: LEESBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH A. RIEBEL

D

09/04/2003

Electronic Signature of Signing Officer or Director

_____ Date