

**DOCUMENT # N35205**

1. Entity Name

**AMERICAN CHITOSCIENCE SOCIETY, INC.**

Principal Place of Business

**C/O DR JOHN P ZIKAKIS  
3430 GALT OCEAN DR STE 1402  
FT LAUDERDALE FL 33308**

Mailing Address

**C/O DR JOHN P ZIKAKIS  
3430 GALT OCEAN DR STE 1402  
FT LAUDERDALE FL 33308-7048**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0155800**

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

**ZIKAKIS, DR JOHN P  
3430 GALT OCEAN DR  
STE 1402  
FT LAUDERDALE FL 33308**

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	VD	<input type="checkbox"/> Delete
NAME	BRINE, CHARLES J. (DR)	
STREET ADDRESS	28 TEE AR PL	
CITY-ST-ZIP	PRINCETON NJ	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BORAH, GREGORY D	
STREET ADDRESS	69 PRETTY BROOK ROAD	
CITY-ST-ZIP	PRINCETON NJ	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	PARISER, E. RAY	
STREET ADDRESS	138 SCHOOL ST	
CITY-ST-ZIP	BELMONT MA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	SANDFORD, PAUL A	
STREET ADDRESS	2822 OVERLAND DR.	
CITY-ST-ZIP	LOS ANGELES CA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZIKAKIS, JOHN J. (DR)	
STREET ADDRESS	3430 GALT OCEAN DR., #1402	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input type="checkbox"/> Delete
NAME	KLOKKEVOLD, PERRY	
STREET ADDRESS	1210 OCEAN DR	
CITY-ST-ZIP	LOS ANGELES CA	

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 another like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90031 017 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)