

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90004 047 ****61.50

DOCUMENT # N35205

1. Entity Name

AMERICAN CHITOSCIENCE SOCIETY, INC.

Principal Place of Business

Mailing Address

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

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

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

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** ☐ Delete
 NAME **BRINE, CHARLES J. (DR)**
 STREET ADDRESS **28 TEE AR PL**
 CITY-ST-ZIP **PRINCETON NJ**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BORAH, GREGORY D**
 STREET ADDRESS **69 PRETTY BROOK ROAD**
 CITY-ST-ZIP **PRINCETON NJ**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **PARISER, E. RAY**
 STREET ADDRESS **138 SCHOOL ST**
 CITY-ST-ZIP **BELMONT MA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **SANDFORD, PAUL A**
 STREET ADDRESS **2822 OVERLAND DR.**
 CITY-ST-ZIP **LOS ANGELES CA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **ZIKAKIS, JOHN J. (DR)**
 STREET ADDRESS **3430 GALT OCEAN DR., #1402**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **KLOKKEVOLD, PERRY**
 STREET ADDRESS **1210 OCEAN DR**
 CITY-ST-ZIP **LOS ANGELES CA**

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: *John P. Zikakis* (JOHN P. ZIKAKIS) 6/14/01 954-565-1262

CR2E037 (10/00)