

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

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

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

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

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

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

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

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

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

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

TITLE ST
NAME KLOKKEVOLD, PERRY ☐ Delete
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) 1/22/02 954-565-1262



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)