2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State
04-04-2000 90036 026 ****61.25

DOCUMENT # N38123

1. Entity Name

CLAUDE PEPPER INSTITUTE FOR AGING AND THERAPEUTI

Principal Place of Business	Mailing Address
150 W UNIVERSITY BLVD. ~~% ROBERT C BOWIE~~ MELBOURNE FL 32901-6988	150 W UNIVERSITY BLVD. FINANCIAL AFFAIRS MELBOURNE FL 32901-6982

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Financial Affairs office	
Suite, Apt. #, etc.: 150 W. University Blvd.	Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State
Zip: 32901 Country	Zip Country

4. FEI Number: 59-3130907 ☐ 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
REVAY, ANDREW, W, JR 3669 TEAKWOOD CT MELBOURNE FL 32935	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARTREM, RICHARD L 150 W UNIVERSITY BLVD MELBOURNE FL 32901	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REVAY, ANDREW, C 312 PALM COURT INDIALANTIC FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3669 Teakwood Ct Melbourne, FL 32935
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEAVER, LYNN, E 9780 S. TROPICAL TRL MERRITT ISLAND FL 32952	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: _____ 2-29-00 (321) 674-7340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #