

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90363 016 ****61.25

DOCUMENT # N38123

1. Entity Name

CLAUDE PEPPER INSTITUTE FOR AGING AND THERAPEUTIC RESEARCH, INC.

Principal Place of Business

**FINANCIAL AFFAIRS OFFICE
 150 W UNIVERSITY BLVD
 MELBOURNE FL 32901**

Mailing Address

**150 W UNIVERSITY BLVD.
 FINANCIAL AFFAIRS
 MELBOURNE FL 32901-6988**

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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 **59-3130907**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REVAY, ANDREW, W, JR
 3669 TEAKWOOD CT
 MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name **Bartrem, Richard L.**
 Street Address (P.O. Box Number is Not Acceptable)
150 W. University Blvd.

City **Melbourne** **FL** Zip Code **32901**

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 **Richard L. Bartrem**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARTREM, RICHARD L 150 W UNIVERSITY BLVD MELBOURNE FL 32901	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REVAY, ANDREW, C 3669 TEAKWOOD CT MELBOURNE FL 32935	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEAVER, LYNN, E 9780 S. TROPICAL TRL MERRITT ISLAND FL 32952	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Hartley, John T. 1025 W. Nasa Blvd. Melbourne, FL 32919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: **Richard L. Bartrem**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 (321) 674-7297

CP2E037 (9/01)

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