

# 2000 UNIFORM BUSINESS REPORT (UBR)

0053202

DOCUMENT # N38957

1. Entity Name

HYPATIA, INC.

FILED

00 SEP 29 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

UNIV OF OREGON/ DEPT OF PHILOSOPHY  
EUGENE OR 97403-295  
US

7911 CITRUS DRIVE  
TEMPLE TERRACE FL 33637-6507  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

37-1188944

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCALISTER, LINDA LOPEZ  
7911 CITRUS DRIVE  
TEMPLE TERRACE FL 33637

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 ☐ Delete  
NAME D  
STREET ADDRESS MCALISTER, LINDA LOPEZ  
CITY-ST-ZIP 7911 CITRUS DRIVE  
TAMPA FL 33637

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SCHUTTE, OFELIA  
CITY-ST-ZIP UNIV OF SO. FL. DEPARTMENT OF WOMEN'S STUD  
GAINESVILLE FL 33620

TITLE ☐ Change ☐ Addition  
NAME 200003423542  
STREET ADDRESS -10/12/00--01095--002  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SIMONS, MARGARET  
CITY-ST-ZIP 683 CHAPMAN  
EDWARDSVILLE IL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BARTKY, SANDRA  
CITY-ST-ZIP 3520 N LAKE SHORE DR #7E  
CHICAGO IL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TUANA, NANCY  
CITY-ST-ZIP UNIV OREGON/DPT OF PHILOS  
EUGENE OR 97403-1295

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SHRAGE, LAURIE  
CITY-ST-ZIP CSU-POMONA/DEPT OF PHILOS  
POMONA CA 91768

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:

*Linda Lopez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)