

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90162 035 ****61.25

DOCUMENT # N38957

1. Entity Name
HYPATIA, INC.



Principal Place of Business
**DEPARTMENT OF PHILOSOPHY/ PSU
240 SPARKS BUILDING
UNIVERSITY PARK PA 16802-5201
US**

Mailing Address
**P.O. BOX 357850
GAINESVILLE FL 32635-7850
US**

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 **37-1188944**

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

**SCHUTTE, OFELIA
5232 NW 54TH COURT
GAINESVILLE FL 32653**

← Typing error →

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

5232 NW 54th COURT

same

City

same

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCHUTTE, OFELIA | |
| STREET ADDRESS | 5232 NW 54TH COURT | |
| CITY-ST-ZIP | GAINESVILLE FL 32653 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SIMONS, MARGARET | |
| STREET ADDRESS | 683 CHAPMAN | |
| CITY-ST-ZIP | EDWARDSVILLE IL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HALL, CHERYL | |
| STREET ADDRESS | UNIV. OF S. FL., DPET OF POLI. SCI. | |
| CITY-ST-ZIP | TAMPA FL 33620 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TUANA, NANCY | |
| STREET ADDRESS | PENN ST. UNIV., DPET OF PHILOSOPHY | |
| CITY-ST-ZIP | UNIVERSITY PARK PA 16802-5201 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SHRAGE, LAURIE | |
| STREET ADDRESS | CSU-POMONA/DEPT OF PHILOS | |
| CITY-ST-ZIP | POMONA CA 91768 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____

Ofelia Schutte **REQUIRED**

CR2E037 (10/02)