

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

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90063 001 ****61.25

0003450

DOCUMENT # N41909

1. Entity Name

SPRING BRAIN CONFERENCE, INC.



Principal Place of Business

% ROBERT P. YEZERSKI
P O BOX 100444 DEPT OF ORTHODONTICS
GAINESVILLE FL 32610

Mailing Address

% ROBERT P. YEZERSKI
P O BOX 100444 DEPT OF ORTHODONTICS
GAINESVILLE FL 32610

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 **65-0238406**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

YEZERSKI, ROBERT P PHD
PO BOX 100444, 1600 SW ARCHOR RD
D10-19
GAINESVILLE FL 32610

7. Name and Address of New Registered Agent

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. 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
After September 10, 2003, min will be \$236.25

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	ROBERT P. YETZERSKI	
STREET ADDRESS	1600 SW ARCHER RD D10-19	
CITY-ST-ZIP	GAINESVILLE FL 32610	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASBAUM, ALLAN I	
STREET ADDRESS	513 PARNASASEUS BOX 0452	
CITY-ST-ZIP	SAN FRANCISCO CA 94143	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELDMAN, JACK	
STREET ADDRESS	BOX 951763	
CITY-ST-ZIP	LOS ANGELES CA 90095	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRESLER, GLENN	
STREET ADDRESS	G-145 JACKSON HALL	
CITY-ST-ZIP	MINNEAPOLIS MN 55455	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACQUIN, MARK	
STREET ADDRESS	660 S EUCLID BOX 8111	
CITY-ST-ZIP	SAINT LOUIS MO 63110	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JIM	
STREET ADDRESS	MEDICAL CENTER BLVD	
CITY-ST-ZIP	WINSTON SALEM NC 27157	

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

SIGNATURE REQUIRED

9/15/03 352-392-4081

CR2E037 (4/03)