

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003456

1. Entity Name

RESEARCH INSTITUTE INTERNATIONAL, INC.

FILED

Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90124 042 ****61.25

Principal Place of Business

6400 W NEWBERRY RD
206
GAINESVILLE FL 32605
US

Mailing Address

6400 W NEWBERRY RD
206
GAINESVILLE FL 32608-7105
US

2. Principal Place of Business

9934 SW 52 ROAD
Suite, Apt. #, etc.

3. Mailing Address

9934 SW 52 ROAD
Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

4. FEI Number

59-3186999

Applied For

Not Applicable

Zip

32608

Country

USA

Zip

32608

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, RICHARD
912 NE 2ND STREET
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

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

THE SEAGLE BUILDING

408 W. UNIVERSITY AVE SUITE 500

City

GAINESVILLE

FL

Zip Code

32601-5289

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

TITLE D ☐ Delete
NAME LOWERY, GARY L
STREET ADDRESS 3111 N.W. 58TH BLVD.
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ Delete
NAME FINLEY, DONNA
STREET ADDRESS 710 SW 117TH STREET
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE D ☐ Delete
NAME MUSSALLEM, JAMES M
STREET ADDRESS 5120 N CENTRAL AVE
CITY-ST-ZIP PHOENIX AZ 85012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME LOWERY, GARY L
STREET ADDRESS 9934 SW 52 ROAD
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE ☒ Change ☐ Addition
NAME FINLEY, DONNA
STREET ADDRESS 9934 SW 52 ROAD
CITY-ST-ZIP GAINESVILLE, FL 32608

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 271-8302

CR2E037 (9/99)