

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90008 010 ****61.25

DOCUMENT # N93000003456

1. Entity Name

RESEARCH INSTITUTE INTERNATIONAL, INC.

Principal Place of Business

~~9934 SW 52 RD
 GAINESVILLE FL 32608
 US~~

Mailing Address

~~9934 SW 52 RD
 GAINESVILLE FL 32608
 US~~

2. Principal Place of Business

10645 N. Tatum Blvd.

3. Mailing Address

10645 N. Tatum Blvd.

Suite, Apt. #, etc.

Suite 200 #614

Suite, Apt. #, etc.

Suite 200 #614

City & State

Phoenix Arizona

City & State

Phoenix Arizona

Zip

85028

Country

USA

Zip

85028

Country

USA

4. FEI Number

59-3186999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JONES, RICHARD
 THE SEAGLE BLD
 408 W. UNIVERSITY AVE SUITE 500
 GAINESVILLE FL 32601-5289**

7. Name and Address of New Registered Agent

Name

John F. Goodson

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

2025 N. 3rd St. #200

City

Phoenix Arizona

Zip Code

85004

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **LOWERY, GARY L**
 CITY-ST-ZIP **9934 SW 52 RD**
GAINESVILLE FL 32608

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FINLEY, DONNA**
 CITY-ST-ZIP **9934 SW 52 RD**
GAINESVILLE FL 32608

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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

Gary L. Lowery

1/30/01 (480) 699-0483

Date

Daytime Phone #

CR2E037 (10/00)