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

FILED
Mar 11, 2003 8:00 am
Secretary of State
03-11-2003 90146 004 ****61.25

DOCUMENT # N95000001976

1. Entity Name
FLORIDA UROLOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
1133 WEST MORSE BLVD. SUITE 201 WINTER PARK FL 32789	1133 WEST MORSE BLVD. SUITE 201 WINTER PARK FL 32789

XX CHECK HERE IF MAKING CHANGES

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 59-3313203 ☐ 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
CROW-SEGAL MANAGEMENT CO INC. 1133 WEST MORSE BLVD. WINTER PARK FL 32789	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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWN, RUSKIN 1411 N FLAGLER DRIVE, #5300 WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD BROWN, RUSKIN 1411 N. FLAGLER DRIVE, #5300 WEST PALM BEACH, FL 33401	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PINON, AVELINO 7800 SOUTHWEST 87TH AVENUE #C350 MIAMI FL 33173	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEISS, STEPHEN 685 PEACHWOOD DRIVE DELAND, FL 32720	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED DINEEN, MARTIN 541 HEALTH BLVD DAYTONA BEACH FL 32114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DINEEN, MARTIN 541 HEALTH BLVD. DAYTONA BEACH, FL 32114	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROOT, MALCOMB 12091 SWANN AVENUE TAMPA FL 33606	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASCIONE, CARL 1601 SW ARCHER ROAD GAINESVILLE, FL 32608	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWARTZ, DOUGLAS 836 PRUDENTIAL DRIVE #1502 JACKSONVILLE FL 32207	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SELLINGER, SCOTT 2000 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CASTELLANOS, RON 507 DEL PRADA BLVD CAPE CORAL FL 33990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED CASTELLANOS, RON 507 DEL PRADA BLVD. CAPE CORAL, FL 33990	XX Change ☐ Addition

CR2E037 (10/02)

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 03/4/03 407-647-8839