

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004405

1. Entity Name

MDS RESEARCH FOUNDATION, INC.

Principal Place of Business

7125 UPLAND GLADE ROAD
TALLAHASSEE FL 32312

Mailing Address

210-192 BRADFORD ROAD
TALLAHASSEE FL 32303
US

2. Principal Place of Business

3. Mailing Address

257 PINWOOD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALLAHASSEE FL

Zip

Country

Zip

Country

32303

US

4. FEI Number

59-3334187

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

HOLTON, ROBERT A
7125 UPLAND GLADE ROAD
TALLAHASSEE FL 32312

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HOLTON, ROBERT A
STREET ADDRESS 7125 UPLAND GLADE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312

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

TITLE VPD ☐ Delete
NAME KRAFFT, MARIE E
STREET ADDRESS 7125 UPLAND GLADE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312

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

TITLE STD ☐ Delete
NAME SMIT, MARIE C
STREET ADDRESS DEPT. OF CHEMISTRY, F.S.U.
CITY-ST-ZIP TALLAHASSEE FL 32306

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

TITLE D ☐ Delete
NAME METTS, LEWIS L
STREET ADDRESS 161 HIGHLAND AVENUE
CITY-ST-ZIP RIDGEWOOD NJ 07450

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

TITLE D ☐ Delete
NAME MATTHEW, SIDNEY L
STREET ADDRESS 135 SOUTH MONROE STREET
CITY-ST-ZIP TALLAHASSEE FL 32302

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

TITLE D ☐ Delete
NAME DEVINE, MICHAEL D
STREET ADDRESS 446 NOELTON DRIVE
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE M EXECUTIVE DIRECTOR ☒ Change ☐ Addition
NAME DEVINE, MICHAEL D.
STREET ADDRESS 257 PINWOOD DR
CITY-ST-ZIP TALLAHASSEE FL 32303

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: *Marie C Smit* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 850-385-5828

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90067 008 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)