

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90100 047 \*\*\*\*61.25

**DOCUMENT # N95000004405**

1. Entity Name

**MDS RESEARCH FOUNDATION, INC.**



Principal Place of Business

**257 PINEWOOD DR.  
TALLAHASSEE FL 32303**

Mailing Address

**257 PINEWOOD DR  
TALLAHASSEE FL 32303  
US**

2. Principal Place of Business

**3216 Sessions Rd**

3. Mailing Address

**3216 Sessions Rd**

Suite, Apt. #, etc.

**Suite 200**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Tallahassee, FL**

City & State

**Tallahassee, FL**

Zip

**32303**

Country

**USA**

Zip

**32303**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

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

**HOLTON, ROBERT A  
7125 UPLAND GLADE ROAD  
TALLAHASSEE FL 32312**

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**

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

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

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

TITLE **STD** ☐ Delete  
NAME **SMIT, MARIE C**  
STREET ADDRESS **DEPT. OF CHEMISTRY, F.S.U.**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

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

TITLE **EDM** ☐ Delete  
NAME **DEVINE, MICHAEL D**  
STREET ADDRESS **257 PINEWOOD DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **Bridges, William Z.**  
STREET ADDRESS **2282 E. Pinetree Blvd.**  
CITY-ST-ZIP **Thomasville, GA 31792**

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

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

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

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

TITLE **EDM** ☒ Change ☐ Addition  
NAME **DEVINE, MICHAEL D.**  
STREET ADDRESS **3216 SESSIONS ROAD, SUITE 200**  
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: **Y. Maria Suarez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/03 850-558-0400**  
Date Daytime Phone #

CR2E037 (10/02)

attachment

10091274

MDS Research Foundation, Inc.

#N95000004405

November 25, 2002

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: UBR – Document # N95000004405

The MDS Research Foundation has moved to a new location. Please update your records with our new address and phone number as stated below:

Old Address

257 Pinewood Drive  
Tallahassee, FL 32303

New Address

3216 Sessions Road, Suite 200  
Tallahassee, FL 32303

(850) 558-0400 – Phone

(850) 558-0364 – Fax

Thank you..

*Kathy Hays*

Kathy Hays  
Executive Assistant

/kah