

2000 UNIFORM BUSINESS REPORT (UBR)

7/

FILED
Aug 02, 2000 8:00 am
Secretary of State

07-17-2000 90073 003 ****61.25

DOCUMENT # N95000004475

1. Entity Name
THE NEUROSCIENCE RESEARCH FOUNDATION OF FLORIDA. ✓

Principal Place of Business: 2526 NORTHWEST 55TH BLVD. GAINESVILLE FL 32653
 Mailing Address: 2526 NORTHWEST 55TH BLVD. GAINESVILLE FL 32653

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

4. FEI Number: **59-3336210** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ENWALL, PETER C.K. ESQ.
 2622 NW 43RD ST.
 SUITE B-3
 GAINESVILLE FL 32606

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.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
 After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BATES, EDRIC R 2526 NORTHWEST 55TH BLVD. GAINESVILLE FL 32653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BATES, BRENDA M 2526 NORTHWEST 55TH BLVD. GAINESVILLE FL 32653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDANIEL PO BOX 1 HIGH SPRING FL 32655	D McDaniel, ANN P.O. Box 1189 High Springs, FL 32655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information indicated on this report of the corporation or the changed, or on an attached in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director after 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: *Brenda M. Bates*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7/5/00**
 Telephone: **(352) 377-3349**

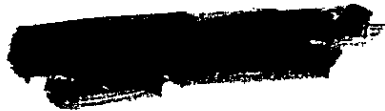


DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)

Mrs. McDaniel will finish the year out, until foundation closes on 12/31/2000

N9500000475



107042

The foundation is planning to dissolve @ the end of the year, secondary to Mr. Bates' health. we will be conferring with Mr. Enwall and filing appropriate forms ASAP