

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000183

1. Entity Name

CARDIOVASCULAR RESEARCH INSTITUTE, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90289 025 ****61.25

Principal Place of Business

217 HILLCREST ST.
ORLANDO FL 32801

Mailing Address

217 HILLCREST ST.
ORLANDO FL 32801

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3365854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANIELS, ALAN H
800 N. MAGNOLIA AVE.
SUITE 1500
ORLANDO FL 32803

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

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	D	<input type="checkbox"/> Delete
NAME	SCOTT, MERIDITH L	
STREET ADDRESS	217 HILLCREST STREET	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOWE, CARY L	
STREET ADDRESS	217 HILLCREST STREET	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACCOLA, KEVIN D	
STREET ADDRESS	217 HILLCREST STREET	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	P	<input type="checkbox"/> Delete
NAME	FRANCIS, LEROY H III	
STREET ADDRESS	217 HILLCREST STREET	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	INIGUEZ, HILDA	
STREET ADDRESS	217 HILLCREST STREET	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Spector, S. David	
STREET ADDRESS	217 Hillcrest St.	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mosley, Patterson W	
STREET ADDRESS	217 Hillcrest St.	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schumacher, Paul D	
STREET ADDRESS	217 Hillcrest St.	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thompson, Paul A	
STREET ADDRESS	217 Hillcrest St.	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Palmer, George J.	
STREET ADDRESS	217 Hillcrest St.	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harris, Milton	
STREET ADDRESS	217 Hillcrest St.	
CITY-ST-ZIP	Orlando, FL 32801	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/2001

407-425-1566

CR2E037 (10/00)