

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002482

1. Entity Name

FLORIDA RESEARCH INSTITUTE, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90044 031 \*\*\*\*61.25

Principal Place of Business  
2306 S.W. 13TH STREET #806  
GAINESVILLE FL 32608

Mailing Address  
2306 S.W. 13TH STREET #806  
GAINESVILLE FL 32608-2002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3378527

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LYONS-LEPKE, ELAINE M  
2306 S.W. 13TH STREET #806  
GAINESVILLE FL 32608

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 D ☐ Delete  
NAME LEPKE, JOHN  
STREET ADDRESS 2610 S.W. 14TH DRIVE  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE D ☐ Change ☒ Addition  
NAME STREIB, GORDON  
STREET ADDRESS 2807 NW 83RD ST.  
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE PSTD ☐ Delete  
NAME LYONS-LEPKE, ELAINE M  
STREET ADDRESS 2610 S.W. 14TH DRIVE  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE D ☐ Change ☒ Addition  
NAME Lockhart, Medolyn M.  
STREET ADDRESS 1677 NW 19th Circle  
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE C ☐ Delete  
NAME LYONS-LEPKE, ELAINE M  
STREET ADDRESS 2610 S.W. 14TH DRIVE  
CITY-ST-ZIP GAINESVILLE FL 32608

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

TITLE VD ☐ Delete  
NAME LYONS, KENNETH J  
STREET ADDRESS 2306 S.W. 13TH STREET #405  
CITY-ST-ZIP GAINESVILLE FL 32608

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

TITLE D ☐ Delete  
NAME BECHTEL, GORDON  
STREET ADDRESS 2250 N.W. 21ST AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32605

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

TITLE D ☒ Delete  
NAME ROCKHART, MEDOLYN M  
STREET ADDRESS 1677 NW 19TH CIRCLE  
CITY-ST-ZIP GAINESVILLE FL 32605

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

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:

*Elaine M. Lyons-Lepke* PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

352-375-3982

Date

Daytime Phone #

CR2E037 (9/99)