

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90267 017 ****61.25

DOCUMENT # N96000002482

1. Entity Name

FLORIDA RESEARCH INSTITUTE, INC.



Principal Place of Business

2306 S.W. 13TH STREET #806
GAINESVILLE FL 32608

Mailing Address

2306 S.W. 13TH STREET #806
GAINESVILLE FL 32608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3378527

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

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. 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
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME LOCKHART, MADELYN ☐ Delete
STREET ADDRESS 1677 NORTHWEST 19TH CIRCLE
CITY-ST-ZIP GAINESVILLE FL 32605

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

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

TITLE ☒ Change ☐ Addition
NAME LYONS, ELAINE M.
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME LYONS, ELAINE M.
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE D
NAME STREIB, GORDON ☐ Delete
STREET ADDRESS 2807 NW 83RD ST
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.21.04

Date

352-336-6760

Daytime Phone #