

2001 UNIFORM BUSINESS REPORT (UBR)

0013977

DOCUMENT # N96000005544

1. Entity Name

THE SBH GENETIC FOUNDATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -1 AM 9:54

Principal Place of Business

215 SOUTH MONROE ST.
LEVEL P-3
TALLAHASSEE FL 32301

Mailing Address

P.O. BOX ~~1050~~ 1038
TALLAHASSEE FL 32302

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

59-3411870

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

VANDERCREEK, WILLIAM
215 S. MONROE STREET
LEVEL P-3
TALLAHASSEE FL 32301

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 PD ☐ Delete
NAME ALBERTS, BRUCE M
STREET ADDRESS 2101 CONSTITUTION AVE., RM 215
CITY-ST-ZIP WASHINGTON DC 20418

TITLE Assistant Secretary ☐ Change ☒ Addition
NAME William Vandercrek
STREET ADDRESS 215 S. Monroe Level P-3
CITY-ST-ZIP Tallahassee FLA 32301

TITLE D ☐ Delete
NAME DOTY, PAUL PROF
STREET ADDRESS 4 KIRKLAND PL
CITY-ST-ZIP CAMBRIDGE MA 02138

TITLE ☐ Change ☐ Addition
NAME 600004216926--2
STREET ADDRESS -05/15/01 --01057--005
CITY-ST-ZIP *****111.25 *****61.25

TITLE D ☐ Delete
NAME GOLDMAN-RAKIC, PATRICIA
STREET ADDRESS YALE UNIVERSITY SCHOOL OF MEDICINE
CITY-ST-ZIP NEW HAVEN CT 06510

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

TITLE D ☐ Delete
NAME RICH, ALEXANDER
STREET ADDRESS 77 MASSACHUSETTS AVENUE, ROOM 68-233
CITY-ST-ZIP CAMBRIDGE MA 02139

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

TITLE D ☐ Delete
NAME FALASCHI, ARTURO PROF
STREET ADDRESS PADRICIANO 99
CITY-ST-ZIP I-340120 TRIESTE ITALY

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

TITLE D ☐ Delete
NAME GLISIN, VLADIMIR
STREET ADDRESS 450 N. MATHILDA AVE., APT W206
CITY-ST-ZIP SUNNYVALE CA 94085

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 no 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 an other like empowered.

SIGNATURE:

William Vandercrek

5/1/01 850-561-9147

CR2E037 (10/00)