

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90234 038 \*\*\*\*61.25

**DOCUMENT # N97000000404**

1. Corporation Name

**CSA RESEARCH INSTITUTE, INC.**

Principal Place of Business

2675 WINKLER AVENUE  
SUITE 440  
FT MYERS FL 33901

Mailing Address

2675 WINKLER AVENUE  
SUITE 440  
FT MYERS FL 33901



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**01/20/1997**

4. FEI Number

**65-0724238**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**DANIELS, ALAN H**  
**800 NORTH MAGNOLIA AVENUE**  
**SUITE 1500**  
**ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CLELAND, AUBREY**  
STREET ADDRESS **5597 AMOROSO DRIVE SW**  
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☒ DELETE

NAME **COLEY, PATRICE**  
STREET ADDRESS **16 EDWARD AVE**  
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ DELETE

NAME **HUMMEL, BRIAN W MD**  
STREET ADDRESS **821 CALCOVE DR**  
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ DELETE

NAME **PASCOTTO, ROBERT D MD**  
STREET ADDRESS **6910 OLD WHISKEY CREEK DR**  
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ DELETE

NAME **SIDELL, PETER M MD**  
STREET ADDRESS **6918 OLD WHISKEY CREEK DR**  
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ DELETE

NAME **STAPLETON, DENNIS J**  
STREET ADDRESS **13960 BLENSHAW TR.**  
CITY-ST-ZIP **FT. MYERS FL 33908**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

**4-16-99**

**941-939-1767**

CR2E037 (11/98)