

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000404

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0724238

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P CLELAND, AUBREY 5597 AMOROSO DRIVE SW FT MYERS FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PULICEE, KATHLEEN 5552 AMOROSO DRIVE SW FT MYERS FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMMEL, BRIAN W MD 821 CALCOVE DR FT MYERS FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASCOTTO, ROBERT D MD 6910 OLD WHISKEY CREEK DR FT MYERS FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDELL, PETER M MD 6918 OLD WHISKEY CREEK DR FT MYERS FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAPLETON, DENNIS J 13960 BLENshaw TR. FT. MYERS FL 33908	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17491 Stepping Stone Drive Fort Myers, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pulicee, Kathleen
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3496 Britannia Drive Fort Myers, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8872 Banyon Cove Circle Fort Myers, FL 33919

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:

AUBREY CLELAND

11/31/01 941-939-1767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Division Phone #

CR2E037 (10/00)

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

02-06-2001 90047 024 ****61.25



DO NOT WRITE IN THIS SPACE