

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001825

1. Entity Name

THE JAMES A. HALEY VETERANS RESEARCH AND EDUCATI

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90078 047 ****70.00

Principal Place of Business

Mailing Address

13000 BRUCE B. DOWNS BLVD.
TAMPA FL 33612

13000 BRUCE B. DOWNS BLVD
SUITE 151
TAMPA FL 33612-4745
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3444354

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

DOWLING, RUTH
10000 BAY PINES BLVD.
BAY PINES FL 33744

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 ☐ Delete
NAME D
STREET ADDRESS SILVER, RICHARD A
CITY-ST-ZIP 13000 BRUCE B. DOWNS BLVD.
TAMPA FL 33612

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

TITLE ☐ Delete
NAME D
STREET ADDRESS FARESE, ROBERT V
CITY-ST-ZIP 13000 BRUCE B. DOWNS BLVD.
TAMPA FL 33612

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

TITLE ☐ Delete
NAME D
STREET ADDRESS RAINWATER, CARLOS L
CITY-ST-ZIP P.O. BOX 31003
ST. PETERSBURG FL 33731

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BOWEN, THOMAS E
CITY-ST-ZIP 13000 BRUCE B. DOWNS BLVD.
TAMPA FL 33612

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ROOT, ALLAN W
CITY-ST-ZIP 801 6TH STREET, SOUTH
ST. PETERSBURG FL 33701

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

Robert V. Farese, M.D.
SIGNATURE: *Robert V. Farese*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

813-972-7563

Date

Daytime Phone #

CR2E037 (9/99)