

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90065 022 ****61.25

DOCUMENT # N97000002877

1. Entity Name

THE FLORIDA ENDOCRINE SOCIETY, INC.

Principal Place of Business

**4369 TAMiami TRAIL
STE 100
CHARLOTTE HARBOR FL 33980**

Mailing Address

**4369 TAMiami TRAIL
STE 100
CHARLOTTE HARBOR FL 33980**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0237585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JANICK, JOHN J
4369 TAMiami TRAIL
CHARLOTTE HARBOR FL 33980**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
NAME **JANICK, JOHN J**
STREET ADDRESS **4369 TAMiami TRAIL**
CITY-ST-ZIP **CHARLOTTE HARBOR FL 33980**

TITLE **VD** ☐ Delete
NAME **ROBERTS, VICTOR L**
STREET ADDRESS **100 W GORE ST, SUITE 300**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **VD** ☒ Delete
NAME **CROCKETT, SAMUEL E**
STREET ADDRESS **2520 N ORANGE AVE**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **V** ☐ Delete
NAME **CHAYKIN, LOUIS**
STREET ADDRESS **21110 BISCAYNE BLVD #205**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **STD** ☐ Delete
NAME **HABIBI, AMID**
STREET ADDRESS **789 DOUGLAS AVE #137**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DST** ☐ Change ☒ Addition
NAME **PACHECO, CARLOS A**
STREET ADDRESS **635 N. MAITLAND**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **DST** ☐ Change ☒ Addition
NAME **Glickman, Penny**
STREET ADDRESS **635 N. MAITLAND**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **VD** ☐ Change ☒ Addition
NAME **CONSTANT, Robert**
STREET ADDRESS **1200 E. Hillcrest**
CITY-ST-ZIP **ORLANDO, FL 32803**

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

TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)