

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001461

1. Entity Name

FLORIDA INSTITUTE OF RESEARCH, SCIENCE & TECHNOL

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90031 039 ****61.25

Principal Place of Business

Mailing Address

12749 LONGVIEW DRIVE WEST
JACKSONVILLE FL 32222

POST OFFICE BOX 24942
JACKSONVILLE FL 32241-4942

2. Principal Place of Business

126 West Adams STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 601

City & State

Jacksonville, FL

City & State

4. FEI Number

59-3503041

Applied For

Not Applicable

Zip

32202

Country

USA

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

ROYCE, HOWARD C
12749 LONGVIEW DRIVE WEST
JACKSONVILLE FL 32222

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 ROQUE, CARIDAD
CITY-ST-ZIP 11471 DISCUS COURT
JACKSONVILLE FL 32223

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

TITLE ☐ Delete
NAME D
STREET ADDRESS YANG, ANDREW
CITY-ST-ZIP 11210 LAKE MANDARIN CIRCLE, EAST
JACKSONVILLE FL 32223

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ROYCE, HOWARD C
CITY-ST-ZIP 12749 LONGVIEW DRIVE WEST
JACKSONVILLE FL 32222

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Howard C Royce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/00 (904) 358-1110

CR2E037 (9/99)