

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004772

1. Entity Name

CROHN'S DISEASE RESEARCH INC.

Principal Place of Business

Mailing Address

2301 N ORANGE AVE, STE 405
ORLANDO FL 32804

P.O. BOX 570350
ORLANDO FL 32857-0350

2. Principal Place of Business

1101 N. Maitland Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Maitland FL

City & State

Zip

32751

Country

USA

Zip

Country

4. FEI Number

59-3532287

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAFRAN, IRA M.D.
2501 N ORANGE AVE, STE 405
ORLANDO FL 32804

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 V ☐ Delete
NAME GALVIS, PEGGY A
STREET ADDRESS 2501 N ORANGE AVE, #405
CITY-ST-ZIP ORLANDO FL 32804

TITLE D ☐ Delete
NAME PIROMALLI, CHRISTOPHER
STREET ADDRESS 102 ORANGE BLOSSOM CIRCLE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE D ☐ Delete
NAME ANDERSON, STEPHANIE
STREET ADDRESS 13912 MARINE DR
CITY-ST-ZIP ORLANDO FL 32832

TITLE D ☐ Delete
NAME GUERRIERO, ANN
STREET ADDRESS 6323 COOPERS GREEN CT
CITY-ST-ZIP ORLANDO FL 32819

TITLE D ☐ Delete
NAME KAZAROS, TARI
STREET ADDRESS 12238 PARK AVE
CITY-ST-ZIP WINDERMERE FL 34786

TITLE D ☐ Delete
NAME DITTMER, SHELLEY
STREET ADDRESS P.O. BOX 941690
CITY-ST-ZIP MAITLAND FL 32794-1690

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Board Member ☐ Change ☒ Addition
NAME Anita Shafran
STREET ADDRESS 1316 Green Cove Rd.
CITY-ST-ZIP Winter Pk, FL 32789

TITLE Board Member ☐ Change ☒ Addition
NAME Lisa M. Beilman
STREET ADDRESS 663 Jamertown Blvd #2079
CITY-ST-ZIP Altamonte Sp FL 32714

TITLE Board Member ☐ Change ☒ Addition
NAME Laurie Abbott
STREET ADDRESS 645 Mayfair Dr.
CITY-ST-ZIP Altamonte Sp, FL 32701

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90121 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

3/9/00 1-407 629-8121