

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005410

1. Entity Name

AIRSHIP RESEARCH IN SCIENCE AND EDUCATION, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90092 009 \*\*\*\*70.00

Principal Place of Business

Mailing Address

C/O CHRISTINE FULLER LIPPARD  
780 TERRA CEIA ROAD  
TERRA CEIA FL 34250-0383

P.O. BOX 383  
TERRA CEIA FL 34250-0383

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

65-0864432

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

LIPPARD, CHRISTINE F  
780 TERRA CEIA ROAD  
TERRA CEIA FL 34250-0383

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 PVTD ☐ Delete  
NAME LIPPARD, CHRISTINE F  
STREET ADDRESS 780 TERRA CEIA ROAD  
CITY-ST-ZIP TERRA CEIA FL 34250-0383

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

TITLE SD ☐ Delete  
NAME JONES, STEPHANIE  
STREET ADDRESS 3040 GRAND VIEW AVENUE  
CITY-ST-ZIP CLEARWATER FL 33759

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

TITLE D ☐ Delete  
NAME ADLER, CORY  
STREET ADDRESS 861 12TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33701

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

TITLE D ☐ Delete  
NAME GERVAIS, R. LYNN  
STREET ADDRESS 1150 7TH STREET NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33701

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

TITLE D ☐ Delete  
NAME MURPHY, MARIANNA  
STREET ADDRESS 5471 4TH STREET SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33705

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

TITLE D ☐ Delete  
NAME JONES, STEPHANIE  
STREET ADDRESS 3040 GRAND VIEW AVENUE  
CITY-ST-ZIP CLEARWATER FL 33759

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 (9/99)