

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002715

1. Entity Name:

THE INTERNATIONAL SOCIETY FOR HYPERBARIC OXYGENATION IN CEREBRAL PALSY AND THE BRAIN INJURED CHILD

Principal Place of Business

4001 OCEAN DRIVE
LAUDERDALE BY THE SEA FL 33308

Mailing Address

4001 OCEAN DRIVE
LAUDERDALE BY THE SEA FL 33308

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

65-0916746

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

SPEER, MORGAN W ESQ
1800 AUSTRALIAN AVENUE SOUTH, STE 100
WEST PALM BEACH FL 33409

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
PLANCK, TRISH
1691 MEADOWWOOD LANE
RENO NV 89502 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
NEUBAUER, RICHARD A MDD.
4001 OCEAN DRIVE
LAUDERDALE BY THE SEA FL 33308 ☐ Delete

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

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SPEER, MORGAN W
1800 AUSTRALIAN AVENUE SOUTH
WEST PALM BEACH FL 33409 ☐ Delete

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COOPER, REGINA
4001 OCEAN DRIVE
LAUDERDALE BY THE SEA FL 33308 ☐ Delete

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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

2.6.02

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771 4000



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)