

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005237

1. Entity Name

ASHTON BIODIVERSITY RESEARCH & PRESERVATION INST

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90103 039 ****61.25

Principal Place of Business

Mailing Address

5745 SW 75 STREET #PMB331
GAINESVILLE FL 32608

5745 SW 75 STREET #PMB331
GAINESVILLE FL 32608-5504

2. Principal Place of Business

22215 Southwest 119th Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Archer, Florida

City & State

4. FEI Number

59-3413952

Applied For

Not Applicable

Zip

Country

Zip

Country

32618

USA

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

ASHTON, RAY E JR
5745 SW 75 STREET #PMB331
GAINESVILLE FL 32608

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 ☐ Delete
NAME D
STREET ADDRESS MUSHINSKY, HENRY
CITY-ST-ZIP 5745 SW 75 STREET #PMB331
GAINESVILLE FL 32608

TITLE ☐ Delete
NAME D
STREET ADDRESS ASHTON, PATRICIA S
CITY-ST-ZIP 5745 SW 75 STREET #PMB331
GAINESVILLE FL 32608

TITLE ☐ Delete
NAME D
STREET ADDRESS ASHTON, RAY E JR
CITY-ST-ZIP 5745 SW 75 STREET #PMB331
GAINESVILLE FL 32608

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

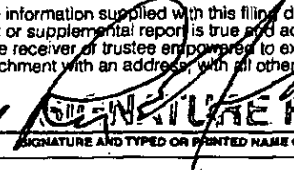
TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:  SIGNATURE REQUIRED Ray E. Ashton

4/27/2000 352-495-7449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)