

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90138 049 ****70.00

DOCUMENT # N99000007101

1. Entity Name

THE CEREBRAL RESEARCH TRUST, INC.

Principal Place of Business

**3515 E. FLETCHER AVENUE
TAMPA FL 33613.**

Mailing Address

**783 S. ORANGE AVENUE
STE. 200
SARASOTA FL 34236**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

Country

34236

Country

USA

4. FEI Number

59-3623352

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSKAMP, STEVEN
783 S. ORANGE AVENUE, STE. 200
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **Roskamp, Steven**

Street Address (P.O. Box Number is Not Acceptable)
1226 N. Tamiami Trail

#100

City **Sarasota**

FL

Zip Code **34236**

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

1/11/02

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 **PD** ☐ Delete
NAME **ROSKAMP, ROBERT**
STREET ADDRESS **783 S. ORANGE AVENUE, STE. 200**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **STD** ☐ Delete
NAME **READING, ANTHONY M.D.**
STREET ADDRESS **3515 E. FLETCHER AVENUE**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☐ Delete
NAME **DAUGHERTY, ROBERT MD,PHD**
STREET ADDRESS **3515 E. FLETCHER AVENUE**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☐ Delete
NAME **MULLEN, MICHAEL MD, PHD**
STREET ADDRESS **3515 E. FLETCHER AVENUE**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☐ Delete
NAME **ROSKAMP, STEVEN**
STREET ADDRESS **783 S. ORANGE AVENUE, STE. 200**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ Delete
NAME **SILBINGER, MARTIN MD,PHD**
STREET ADDRESS **3515 E. FLETCHER AVENUE**
CITY-ST-ZIP **TAMPA FL 33613**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Roskamp, Robert**
STREET ADDRESS **1226 N. Tamiami Trail, #100**
CITY-ST-ZIP **Sarasota, FL 34236**

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

TITLE **D** ☒ Change ☐ Addition
NAME **Roskamp, Steven**
STREET ADDRESS **1226 N. Tamiami Trail, #100**
CITY-ST-ZIP **Sarasota, FL 34236**

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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert B. Roskamp **1/11/02** **941-954-1111**

Date

Daytime Phone #

CR2E037 (9/01)