

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P15459

1. Entity Name

THE INTERNATIONAL SOCIETY OF STRESS ANALYSTS , I

Principal Place of Business

Mailing Address

9 WESTCHESTER DR.
KISSIMEE FL 34744

9 WESTCHESTER DR.
KISSIMEE FL 34744-5826

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

23-7304712

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

AMES, WILLIAM I., JR.
9 WESTCHESTER DR.
KISSIMEE FL 34744

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 PD ☐ Delete
NAME AMES, WILLIAM I JR
STREET ADDRESS 9 WESTCHESTER DR
CITY-ST-ZIP KISSIMEE FL 34744

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

TITLE V/D ☐ Delete
NAME MC CORKLE, BUD
STREET ADDRESS 100 INMAN DR.
CITY-ST-ZIP INGALLS RE IN 46408

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

TITLE T/D ☒ Delete
NAME MCQUISTON, VERONICA
STREET ADDRESS 1442 WOOD LAKE CIRCLE
CITY-ST-ZIP ST. CLOUD FL 34772

TITLE S/D ☒ Change ☐ Addition
NAME MAC PLUMMER
STREET ADDRESS 753 SALINA STREET
CITY-ST-ZIP SYRACUSE NY 13208

TITLE D ☒ Delete
NAME MCCORKLE, MARVIN E.
STREET ADDRESS 6003 GUION RD.
CITY-ST-ZIP INDIANAPOLIS IN

TITLE VPD ☐ Change ☐ Addition
NAME DWAYNE STANTON
STREET ADDRESS 7206 MARTINS COURT
CITY-ST-ZIP LANHAM MD 20706

TITLE V/D ☐ Delete
NAME ERASMUS, JOHN
STREET ADDRESS PO BOX 55111 (N/A)
CITY-ST-ZIP NORTHLANDS 2116 SO. AFRICA

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

TITLE VPD ☐ Delete
NAME BRUNETTE, LEO
STREET ADDRESS PO BOX 590
CITY-ST-ZIP LACENTER WA 98629

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 #

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90382 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

4-29-00

407-933-4839