

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P18820

1. Entity Name

COOK VASCULAR INCORPORATED

Principal Place of Business

RIVER ROAD, ROUTE 66  
PO BOX 529  
LEECHBURG PA 15656-0529

Mailing Address

RIVER ROAD, ROUTE 66  
PO BOX 529  
LEECHBURG PA 15656-0529

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

25-1393375

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

CT CORPORATION SYSTEMS  
1200 PINE ISLAND ROAD  
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                | STREET ADDRESS                  | CITY-ST-ZIP          | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------|---------------------------------|----------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| DS    | FERGUSON, STEVE     | 405 N. ROGERS ST.               | BLOOMINGTON IN       | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
| D     | MCCULLOUGH, PHYLLIS | 925 SOUTH CURRY PIKE            | BLOOMINGTON IN 47402 | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
| T     | JOHN R. KAMSTRA     | 405 N. ROGERS ST.               | BLOOMINGTON IN       | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
| D     | FRANZ, CHARLES      | 405 N. ROGERS ST.               | BLOOMINGTON IN       | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
| C     | COOK, WILLIAM A.    | PO BOX 489 NA                   | BLOOMINGTON IN       | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
| DP    | LOUIS GOODE,        | P.O. BOX 529 RIVER RD. ROUTE 66 | LEECHBURG PA         | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*LOUIS GOODE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00  
Date

724-845-8621  
Daytime Phone #

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90077 041 \*\*\*150.00

A0020760



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)