

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38956

1. Entity Name

THE A.K. RICE INSTITUTE, INCORPORATED

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90008 004 ****61.25

Principal Place of Business

Mailing Address

19586 TRAILS END TERRACE
JUPITER FL 33458

19586 TRAILS END TERRACE
JUPITER FL 33458-2437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-1262454

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	P	<input type="checkbox"/> Delete
NAME	WINDERMAN, BARBARA	
STREET ADDRESS	3206 ABERDEEN WAY	
CITY-ST-ZIP	HOUSTON TX	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILLER, ROSE S	
STREET ADDRESS	1530 GREEN ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MIZE, TIMOTHY I	
STREET ADDRESS	P.O. BOX 679 N/A	
CITY-ST-ZIP	BOSTON MA 02134	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, CLAUDIA J PH.D	
STREET ADDRESS	4747 BELLAIRE BLVD, #342	
CITY-ST-ZIP	BELLAIRE TX 77401	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOUMAIR, DEBRA A	
STREET ADDRESS	200 W 79TH ST #12-G	
CITY-ST-ZIP	NY NY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CYRTYNBAUM, SOLOMON P	
STREET ADDRESS	1501 WASHINGTON	
CITY-ST-ZIP	WILMETTE IL 60091	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mize, Timothy I.	
STREET ADDRESS	85 Glen Road	
CITY-ST-ZIP	Boston, MA 02130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luna, David	
STREET ADDRESS	4025 N. Tripp	
CITY-ST-ZIP	Chicago, IL 60641	

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 #

CR2E037 (9/99)