

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90069 007 \*\*\*\*61.25

**DOCUMENT # P38956**

1. Entity Name

**THE A.K. RICE INSTITUTE, INCORPORATED**



Principal Place of Business  
**19586 TRAILS END TERRACE  
JUPITER FL 33458**

Mailing Address  
**19586 TRAILS END TERRACE  
JUPITER FL 33458**

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 **41-1262454**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete  
**P WINDERMAN, BARBARA**  
STREET ADDRESS  
**3206 ABERDEEN WAY**  
CITY-ST-ZIP  
**HOUSTON TX**

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

TITLE NAME ☒ Delete  
**V ANDERSON, CLAUDIA J PHD**  
STREET ADDRESS  
**6300 WE ST LOOP S #405**  
CITY-ST-ZIP  
**BELLAIRE TX 77401**

TITLE NAME ☐ Change ☒ Addition  
**V Debra A. Noumair, Ed.D.**  
STREET ADDRESS  
**200 West 79th Street, #12-G**  
CITY-ST-ZIP  
**New York, NY 10024**

TITLE NAME ☒ Delete  
**ST LUNA, DAVID**  
STREET ADDRESS  
**3649 N. KEDVALE, #1F**  
CITY-ST-ZIP  
**CHICAGO IL 60641**

TITLE NAME ☐ Change ☒ Addition  
**S/T Mary W. Wright**  
STREET ADDRESS  
**25 John Andrew Street**  
CITY-ST-ZIP  
**Boston, MA 02130**

TITLE NAME ☒ Delete  
**D TROY, JULIE**  
STREET ADDRESS  
**343 W 84TH STREET 9**  
CITY-ST-ZIP  
**NEW YORK NY 10024**

TITLE NAME ☐ Change ☒ Addition  
**D Robert F. Baxter, MD**  
STREET ADDRESS  
**24632 Ivory Cande Drive, #103**  
CITY-ST-ZIP  
**Bonita Springs, FL 34134**

TITLE NAME ☒ Delete  
**D LANE, MARJORIE V**  
STREET ADDRESS  
**11751 ARBOR GLEN WAY**  
CITY-ST-ZIP  
**RESTON VA 20194**

TITLE NAME ☐ Change ☒ Addition  
**D Emily White, Ed.D.**  
STREET ADDRESS  
**275 West 96th Street, #21-F**  
CITY-ST-ZIP  
**New York, NY 10025**

TITLE NAME ☐ Delete  
**D MILLER, ROSE S**  
STREET ADDRESS  
**1530 GREEN STREET**  
CITY-ST-ZIP  
**PHILADELPHIA PA 19130**

TITLE NAME ☐ Change ☐ Addition  
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:

**Barbara B. Winderman, J.D., President**

**2/25/03**

**713-666-0213**

CR2E037 (10/02)