

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-28-2000 90167 041 ***150.00

DOCUMENT # P95000039577

1. Entity Name

ROBERT B. DAVID, PH.D. AND JUDITH M. MCBRIDE, PH

Principal Place of Business

Mailing Address

**170 REDWATER LAKE RD
 HAWTHORNE FL 32640**

**ROUTE 4, BOX 380-A
 HAWTHORNE FL 32640-9804**

00011710

2. Principal Place of Business

270 Redwater Lake Rd.

3. Mailing Address

270 Redwater Lake Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hawthorne, FL

City & State

Hawthorne, FL

4. FEI Number

59-3229427

Applied For

Not Applicable

Zip

32640

Country

USA

Zip

32640

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DAVID, ROBERT B
 170 REDWATER LAKE RD
 HAWTHORNE FL 32640**

7. Name and Address of New Registered Agent

Name

SAME AGENT (diff address)

Street Address (P.O. Box Number is Not Acceptable)

270 Redwater Lake Rd.

City

Hawthorne

FL

Zip Code

32640

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

[Signature]

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

TITLE **PST** ☐ Delete
 NAME **MCBRIDE, PH.D JUDITH M.**
 STREET ADDRESS **RT 4 BOX 380A**
 CITY-ST-ZIP **HAWTHORNE FL**

TITLE **VP** ☐ Delete
 NAME **DAVID, PH.D ROBERT B.**
 STREET ADDRESS **RT 4 BOX 380A**
 CITY-ST-ZIP **HAWTHORNE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **3 same** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **270 Redwater Lake Rd.**
 CITY-ST-ZIP **Hawthorne, FL 32640**

TITLE **3 same** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **270 Redwater Lake Rd.**
 CITY-ST-ZIP **Hawthorne, FL 32640**

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

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)