

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



DO NOT WRITE IN THIS SPACE

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

Robert B. David

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

(NOTE: Registered Agent signature required when reinstating)

Jan 15, 2000

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 | <input type="checkbox"/> Delete |
| NAME | MCBRIDE, PH.D JUDITH M. | |
| STREET ADDRESS | RT 4 BOX 380A | |
| CITY-ST-ZIP | HAWTHORNE FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | DAVID, PH.D ROBERT B. | |
| STREET ADDRESS | RT 4 BOX 380A | |
| CITY-ST-ZIP | HAWTHORNE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | 3 same | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 270 Redwater Lake Rd. | |
| CITY-ST-ZIP | HAWTHORNE, FL 32640 | |
| TITLE | 3 same | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 270 Redwater Lake Rd. | |
| CITY-ST-ZIP | HAWTHORNE, FL 32640 | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Judith M. McBride, PH.D., President

Date

Daytime Phone #

1/15/00 352-371-4857

CR2E034 (9/99)