

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051124

1. Entity Name

INTERNATIONAL RESEARCH BUREAU, INC.

FILED

00 JAN 24 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1331 EAST LAFAYETTE STREET

P.O. BOX 14189

STE 109  
TALLAHASSEE FL 32301

TALLAHASSEE FL 32317-4189

2. Principal Place of Business

3. Mailing Address

1331 EAST LAFAYETTE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

City & State

City & State

TALLAHASSEE FL

Zip

Country

Zip

Country

32301

US

4. FEI Number

65-0589308

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

SKROVE, DEBORAH A

1331 EAST LAFAYETTE STREET

STE 109  
TALLAHASSEE FL 32301

Name DARRELL K. GOODWIN

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

1331 EAST LAFAYETTE ST. STE A

City TALLAHASSEE

FL

Zip Code 32301

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

*Darrell K. Goodwin*  
DARRELL K. GOODWIN, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-00

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          | VD                             | <input checked="" type="checkbox"/> Delete |
| NAME           | SKROVE, DEBORAH A              |  |
| STREET ADDRESS | 1311 EXECUTIVE CENTER DR. #109 |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32301           |  |
| TITLE          | PD                             | <input type="checkbox"/> Delete            |
| NAME           | GOODWIN, DARRELL K             |  |
| STREET ADDRESS | 1311 EXECUTIVE CENTER DR. #109 |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32301           |  |
| TITLE          | VD                             | <input type="checkbox"/> Delete            |
| NAME           | LOWERY, DAVID W                |  |
| STREET ADDRESS | 1311 EXECUTIVE CENTER DR. #109 |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32301           |  |
| 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          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Add            |
| NAME           | 800003118378-5                |   |
| STREET ADDRESS | -02/01/00-01067-008           |   |
| CITY-ST-ZIP    | ***150.00 ***150.00           |   |
| TITLE          |                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           | 1331 EAST LAFAYETTE ST. STE A |   |
| STREET ADDRESS | TALLAHASSEE FL 32301          |   |
| CITY-ST-ZIP    |                               |   |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |
| NAME           | 1331 EAST LAFAYETTE ST. STE A |   |
| STREET ADDRESS | TALLAHASSEE FL 32301          |   |
| 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:

*Darrell K. Goodwin*  
DARRELL K. GOODWIN, PRESIDENT

Date

1-21-00

Daytime Phone #

(850) 942-2100