

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000065041

1. Entity Name

FLORIDA RESEARCH FOUNDATION, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90103 044 ***158.75

Principal Place of Business

2930 SW 40TH AVENUE
 GAINESVILLE FL 32608

Mailing Address

6336 SW 12TH AVE
 MIAMI FL 33144-5618
 US

2. Principal Place of Business

3. Mailing Address

6336 S.W. 12TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3331797

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

CROSBY, ELENA I
 6336 SW 12TH ST
 MIAMI FL 33144

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME CROSBY, JOHN A
 STREET ADDRESS 6336 SW 12TH ST
 CITY-ST-ZIP MIAMI FL 33144

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

TITLE VD ☐ Delete
 NAME GONZALEZ, CLARA
 STREET ADDRESS 6336 SW 12TH STREET
 CITY-ST-ZIP MIAMI FL 33144

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

TITLE STD ☐ Delete
 NAME CROSBY, ELENA I
 STREET ADDRESS 6336 SW 12TH ST
 CITY-ST-ZIP MIAMI FL 33144

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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:

Elena Crosby
 ELENA CROSBY

28 APRIL 2000 813-824-7995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)