

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000065041**1. Entity Name
FLORIDA RESEARCH FOUNDATION, INC.Principal Place of Business
2930 SW 40TH AVENUE
GAINESVILLE FL 32608Mailing Address
6336 SW 12 ST
MIAMI FL 33144 US

2. Principal Place of Business

3. Mailing Address
2930 S.W. 40TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
GAINESVILLE FL

Zip Country

Zip Country
32608 US4. FEI Number
59-3331797Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
CROSBY ELENA I
Street Address (P.O. Box Number is Not Acceptable)
2930 S.W. 40TH AVENUE
City Gainesville FL Zip Code 32608

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 _____ 05/01/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	CROSBY ELENA I	
STREET ADDRESS	6336 SW 12TH ST	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GONZALEZ CLARA	
STREET ADDRESS	6336 SW 12TH STREET	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CROSBY JOHN A	
STREET ADDRESS	6336 SW 12TH ST	
CITY-ST-ZIP	MIAMI FL 33144	
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	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY ELENA I	
STREET ADDRESS	2930 S.W. 40TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ CLARA	
STREET ADDRESS	2930 S.W. 40TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY JOHN A	
STREET ADDRESS	2930 S.W. 40TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
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: ELENA I CROSBY

S

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)