

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90053 014 \*\*\*158.75

**DOCUMENT # P96000020859**

1. Entity Name

**IRWIN RESEARCH ASSOCIATES, INC. - THE IRWIN COMPANIES, INC**

Principal Place of Business

4112 NW 22ND DR.  
 GAINESVILLE FL 32605

Mailing Address

4112 NW 22ND DR.  
 GAINESVILLE FL 32605-1769

2. Principal Place of Business

**9250 BAYMEADOWS RD.**  
 Suite, Apt. #, etc.  
**350**

3. Mailing Address

**9250 BAYMEADOWS RD.**  
 Suite, Apt. #, etc.  
**350**



DO NOT WRITE IN THIS SPACE

City & State

**JACKSONVILLE, FL**

City & State

**JACKSONVILLE, FL**

4. FEI Number

**59-3370496**

Applied For

Not Applicable

Zip

**32256**

Country

**DUVAL**

Zip

**32256**

Country

**DUVAL**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SULIK, JOHN J**  
**320 E. ADAMS ST.**  
**JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name  
**NICHOLAS T. SIMONIC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8750 PERIMETER PARK BLVD.**  
 City  
**JACKSONVILLE** **FL** Zip Code  
**32216-6347**

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

*Nicholas T. Simonic*

**NICHOLAS T. SIMONIC**

**3-2-00**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENRY, DENISE</b> <b>4112 NW 22ND DR.</b> <b>GAINESVILLE FL 32605</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>IRWIN, SCOTT</b> <b>9250 BAYMEADOWS RD., STE. 350</b> <b>JACKSONVILLE FL 32202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>IRWIN, CLARICE</b> <b>9250 BAYMEADOWS RD., STE. 350</b> <b>JACKSONVILLE FL 32202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SMITH, MAROLYN</b> <b>10120 LAKEVIEW DR W</b> <b>JACKSONVILLE, FL 32225</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>IRWIN, SCOTT</b> <b>9250 BAYMEADOWS RD., STE. 350</b> <b>JACKSONVILLE, FL 32256</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>IRWIN, ROGER</b> <b>9250 BAYMEADOWS RD., STE. 350</b> <b>JACKSONVILLE, FL 32256</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Scott Irwin*  
**SCOTT IRWIN**

**904/731-1811**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2000 (9/00)