

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90004 012 \*\*\*150.00

**DOCUMENT # P97000002478**

1. Entity Name

**HEALTH CARE RESEARCH AND EDUCATION ASSOCIATES, I**

Principal Place of Business

Mailing Address

**7440 TWIN EAGLE LANE  
 FORT MYERS FL 33912  
 US**

**7440 TWIN EAGLE LANE  
 FORT MYERS FL 33912-1754  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0723550**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURTY, TIMOTHY J  
 1633 PERIWINKLE WAY, SUITE A  
 SANIBEL FL 33957**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DPST	SEMPL, DAVID M	13581 EAGLE RIDE DRIVE, #1428	FORT MYERS FL 33957	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VICE President	Joanne E. Caissie	7440 Twin Eagle Lane	Fort Myers, FL 33912	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DPST	DAVID M SEMPLE	7440 Twin Eagle Lane	Fort Myers FL 33912	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE President	Christopher D.C. Semple	7440 Twin Eagle Lane	Fort Myers FL 33912	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*David M Semple*

**DAVID M SEMPLE**

**3/9/2000**

Date

Daytime Phone

(941) 768-0908

CR2E034 (9/99)