

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095930

1. Entity Name

HEALTH & SCIENCE RESEARCH INSTITUTE, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90047 037 ***150.00

Principal Place of Business Mailing Address
SPRUCE CREEK RD., STE II-C 4251 SPRUCE CREEK RD., STE II-C
ORANGE FL 32127 PORT ORANGE FL 32127-3301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6661 Beville Rd 6661 Beville Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste 101 Ste 101
City & State City & State
Daytona Beach, FL Daytona Beach, FL
Zip Country Zip Country
32119 U.S.A 32119 U.S.A

4. FEI Number 59-3494102 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

HICKEY, HAROLD T
4251 SPRUCE CREEK RD., STE II-C
PORT ORANGE FL 32127

Name Hickey, Harold T
Street Address, P.O. Box Number is Not Acceptable
6661 Beville Rd
Ste 101
City Daytona Beach FL Zip Code 32119

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	P	<input type="checkbox"/> Delete
NAME	GRAVES, JEANNE R	
STREET ADDRESS	4251 SPRUCE CREEK RD., STE II-C	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	MD	<input type="checkbox"/> Delete
NAME	GRAVES, MICHAEL D	
STREET ADDRESS	4251 SPRUCE CREEK RD., STE II-C	
CITY-ST-ZIP	PORT ORANGE FL 32127	
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		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Graves, Jeanne R	
STREET ADDRESS	6661 Beville Rd. Ste 101	
CITY-ST-ZIP	Daytona Beach, FL 32119	
TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Graves, Michael D	
STREET ADDRESS	6661 Beville Rd., Ste 101	
CITY-ST-ZIP	Daytona Beach, FL 32119	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)