

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060518

1. Entity Name

PHARMQUEST CLINICAL RESEARCH INSTITUTE, INC.

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90051 036 ***150.00

Principal Place of Business

Mailing Address

~~150 SE 17TH STREET
STE 504
OCALA FL 34471~~

~~150 SE 17TH STREET
STE 504
OCALA FL 34471 5176~~

2. Principal Place of Business

3. Mailing Address

32721 Radio Road

32721 Radio Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Leesburg, Florida

City & State
Leesburg, Florida

4. FEI Number 59-3519698

Applied For
Not Applicable

Zip
34788

Country
USA

Zip
34788

Country
USA

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

GORDON, YVONNE E
163 HICKORY RD.
OCALA FL 34472

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
V
GORDON, YVONNE E
163 HICKORY RD.
OCALA FL 34472 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Gordon, Yvonne E
163 Hickory Rd
Ocala, FL 34472 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GORDON, DELROY
163 HICKORY RD
OCALA FL 34472 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Gordon, Delroy
163 Hickory Rd
Ocala, FL 34472 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~M
Markland-Page, Veta
571 Bahia Circle
Ocala, FL 34472~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
Markland-Page, Veta
571 Bahia Circle
Ocala, FL 34472 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Yvonne E. Gordon Yvonne Gordon

1/26/00

(352) 360-0733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)