

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S20562

1. Entity Name

AUTHORGENICS, INC.

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90013 038 ***150.00

Principal Place of Business
15280 NW 79th Ct. (#109)
8100 GOVERNORS SQUARE BLVD
SUITE 200
MIAMI LAKES FL 33016
US

Mailing Address
15280 NW 79th Ct. (#109)
8100 GOVERNORS SQUARE BLVD
SUITE 200
MIAMI LAKES FL 33016-5852
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0242585

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 DT ☐ Delete
NAME STACK, BRIAN
STREET ADDRESS 15280 NW 79th Ct.
CITY-ST-ZIP 8100 GOVERNORS SQ BLVD
MIAMI LAKES FL 33016

TITLE VP ☐ Change ☒ Additio
NAME JOHN OPENLOCH
STREET ADDRESS 1528 NW 79th Ct. (#109)
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE D ☐ Delete
NAME DAVIDSON, JAMES
STREET ADDRESS 8100 GOVERNORS SQ BLVD
CITY-ST-ZIP 15280 NW 79th Ct.
MIAMI LAKES FL

TITLE VP ☐ Change ☒ Additio
NAME SCOTT BARNARD
STREET ADDRESS 15280 NW 79th Ct. (#109)
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE DPS ☐ Delete
NAME COLLINS, RON
STREET ADDRESS 8100 GOVERNORS SQ BLVD
CITY-ST-ZIP 15280 NW 79th Ct.
MIAMI LAKES FL

TITLE VP ☐ Change ☒ Additio
NAME DAVID HELPER
STREET ADDRESS 1517 JOHNSON FERRY RD. (#275)
CITY-ST-ZIP MARIETTA, GA 30062

TITLE D ☐ Delete
NAME SAWYER, KENNETH
STREET ADDRESS ONE RAM RIDGE ROAD
CITY-ST-ZIP SPRING VALLEY NY 10977

TITLE VP ☐ Change ☒ Additio
NAME PRESTON BERNHARDT
STREET ADDRESS 1517 JOHNSON FERRY RD. (#275)
CITY-ST-ZIP MARIETTA, GA 30062

TITLE D ☒ Delete
NAME JOHNSON, CHARLES A.
STREET ADDRESS 9th PKWY SQ., 4200 NORTHSIDE PKWY NW
CITY-ST-ZIP ATLANTA GA 30327

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

TITLE D ☒ Delete
NAME ROBERT TATUM
STREET ADDRESS 2665 S. BAY SHORE DR. (#501)
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Additio
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 #

1/24/00 305-231-5