

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S36541

1. Entity Name

HEALTHCARE RESEARCH & RESOURCES, INC.

FILED

May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90366 017 \*\*\*150.00

Principal Place of Business

Mailing Address

408 N TREMAIN ST  
MOUNT DORA FL 32757  
US

408 N TREMAIN ST  
MOUNT DORA FL 32757-5649  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3054844

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

BURR, ANDREA L  
408 N TREMAIN ST  
MOUNT DORA FL 32757

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 ☐ Delete

NAME VSD  
STREET ADDRESS BURR, ANDREA L  
CITY-ST-ZIP 408 N TREMAIN ST  
MT/DORA FL

TITLE ☐ Delete

NAME PD  
STREET ADDRESS BROCK, BARRY J  
CITY-ST-ZIP 408 N TREMAIN ST  
MT/DORA FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME VSD Also, please correct spelling of city name  
STREET ADDRESS Laura Fain  
CITY-ST-ZIP 408 North Tremain Street  
Mount Dora, FL 32757

TITLE ☐ Change ☐ Addition

NAME correction to spelling  
STREET ADDRESS of city name  
CITY-ST-ZIP Mount Dora (they do not abbreviate)

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

5-30-00 352-383-8605

CR2004 (9/99)