

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90116 027 \*\*\*150.00

**DOCUMENT # F94000001312**

1. Entity Name

**JURAN INSTITUTE, INC.**

Principal Place of Business

11 RIVER ROAD  
 WILTON CT 06897

Mailing Address

11 RIVER ROAD  
 WILTON CT 06897-4025

00011624



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 **13-2982872**

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

**NATIONAL CORPORATE RESEARCH, LTD., INC.**  
**1406 HAYS STREET, SUITE 2**  
**TALLAHASSEE FL 32301**

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	<b>COBD</b>	<input type="checkbox"/> Delete
NAME	<b>GODFREY, A B</b>	
STREET ADDRESS	<b>11 RIVER ROAD</b>	
CITY-ST-ZIP	<b>WILTON CT 06897</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BLACKISTON, G H</b>	
STREET ADDRESS	<b>11 RIVER ROAD</b>	
CITY-ST-ZIP	<b>WILTON CT 06897</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JURAN, JOSEPH M.</b>	
STREET ADDRESS	<b>11 RIVER ROAD</b>	
CITY-ST-ZIP	<b>WILTON CT 06897</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JURAN, CHARLES E</b>	
STREET ADDRESS	<b>8186 RED OAK ROAD</b>	
CITY-ST-ZIP	<b>PRESCOTT AZ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEFEO, JOSEPH A</b>	
STREET ADDRESS	<b>11 RIVER RD</b>	
CITY-ST-ZIP	<b>WILTON CT 06897</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, ROBERT E</b>	
STREET ADDRESS	<b>11 RIVER RD.</b>	
CITY-ST-ZIP	<b>WILTON CT 06897</b>	

TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	<b>Godfrey, AB</b>	
STREET ADDRESS	<b>11 River Road</b>	
CITY-ST-ZIP	<b>Wilton, CT 06897</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	<b>Bluestein, DG</b>	
STREET ADDRESS	<b>25 Wild Turkey Court</b>	
CITY-ST-ZIP	<b>Ridgefield, CT 06877</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	<b>Higgins, JG</b>	
STREET ADDRESS	<b>18725 North Dallas Parkway</b>	
CITY-ST-ZIP	<b>Dallas, TX 75287</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	<b>Jones, WF</b>	
STREET ADDRESS	<b>4 McCrea Lane</b>	
CITY-ST-ZIP	<b>Darien, CT 06820</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	<b>Dershin, H</b>	
STREET ADDRESS	<b>11 River Road</b>	
CITY-ST-ZIP	<b>Wilton, CT 06897</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	<b>Elliott, WH</b>	
STREET ADDRESS	<b>474 North Lake Shore Drive</b>	
CITY-ST-ZIP	<b>Chicago, IL 60611</b>	

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:

**ROBERT E. WILSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert E. Wilson, Secretary**  
**January 28, 2000 203 761-1601**

Date

Daytime Phone #