

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90205 004 ****61.25

0017743

DOCUMENT # 709631

1. Entity Name

UNIVERSITY OF WEST FLORIDA FOUNDATION, INC.

Principal Place of Business

**11000 UNIVERSITY PARKWAY
PENSACOLA FL 32514-2750**

Mailing Address

**11000 UNIVERSITY PARKWAY
PENSACOLA FL 32514-2750**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6166292

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

**ARMSTRONG, RONNIE W
11000 UNIVERSITY PKWY
BLDG 12 RM 129
PENSACOLA FL 32514**

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME DUDLEY H. "BILL" GREENHUT
STREET ADDRESS 4445 DEVEREAUX DR
CITY-ST-ZIP PENSACOLA FL

TITLE VD ☐ Delete
NAME ROBERT D. HART, JR.
STREET ADDRESS 4575 FRANCISCO RD
CITY-ST-ZIP PENSACOLA FL

TITLE TD ☐ Delete
NAME CARLAN, CHARLES H
STREET ADDRESS 3420 OAKMONT DR
CITY-ST-ZIP PENSACOLA FL 32503

TITLE SD ☐ Delete
NAME COUCH, MARGARET E
STREET ADDRESS 2700 DUNSINANE RD
CITY-ST-ZIP PENSACOLA FL 32503

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Pensacola, FL-32504

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

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

TITLE VD ☐ Change ☒ Addition
NAME Buzz Ritchie
STREET ADDRESS 4506 Lavallet Lane
CITY-ST-ZIP Pensacola, FL 32504

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)