

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721844

1. Entity Name

UNIVERSITY OF NORTH FLORIDA FOUNDATION, INC.

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90038 032 \*\*\*\*70.00

Principal Place of Business

Mailing Address

4567 ST. JOHNS BLUFF ROAD S.  
 JJ DANIELS BLDG ROOM 1800  
 JACKSONVILLE FL 32224

4567 ST. JOHNS BLUFF ROAD S.  
 JJ DANIELS BLDG ROOM 1800  
 JACKSONVILLE FL 32224

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

23-7167701

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

FAGIN, ROBERT  
 4567 ST. JOHNS BLUFF RD. S.  
 JACKSONVILLE FL 32224

Name

Crosby, Richard

Street Address (P.O. Box Number is Not Acceptable)

4567 St. Johns Rd

City

Jacksonville

FL

Zip Code

32224

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

4-29-2

**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 ☐ Delete  
 NAME VD  
 STREET ADDRESS BOND, WILLIAM B.  
 CITY-ST-ZIP 225 WATER ST., #830  
 JACKSONVILLE FL

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

TITLE ☐ Delete  
 NAME VD  
 STREET ADDRESS BENT, JAMES VAN E  
 CITY-ST-ZIP 4567 ST JOHNS BLUFF ROAD SO  
 JACKSONVILLE FL 32224

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

TITLE ☐ Delete  
 NAME VD  
 STREET ADDRESS BOWER, E. BRUCE  
 CITY-ST-ZIP 225 WATER ST., STE. 860  
 JACKSONVILLE FL 32202

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

TITLE ☐ Delete  
 NAME P  
 STREET ADDRESS HICKS, ANN  
 CITY-ST-ZIP 4567 ST JOHNS BLUFF RD SOUTH  
 JACKSONVILLE FL 32224

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

TITLE ☐ Delete  
 NAME VD  
 STREET ADDRESS PAUL, BOBBY  
 CITY-ST-ZIP 4567 ST JOHNS BLUFF RD S  
 JACKSONVILLE FL 32224

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

TITLE ☒ Delete  
 NAME T  
 STREET ADDRESS FAGIN, ROBERT  
 CITY-ST-ZIP 4567 ST. JOHNS BLUFF RD  
 JACKSONVILLE FL 32224

TITLE ☐ Change ☒ Addition  
 NAME T  
 STREET ADDRESS Crosby, Richard L.  
 CITY-ST-ZIP 4567 St. Johns Bluff Rd  
 Jacksonville, FL

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-29-2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)