

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90058 036 *****70.00

DOCUMENT # 721844

1. Entity Name
UNIVERSITY OF NORTH FLORIDA FOUNDATION, INC.



Principal Place of Business
**4567 ST. JOHNS BLUFF ROAD S.
JJ DANIELS BLDG ROOM 1800
JACKSONVILLE, FL 32224**

Mailing Address
**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.

01062004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

23-7167701

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

**CROSBY, RICHARD
4567 ST JOHNS RD
JACKSONVILLE, FL 32224**

7. Name and Address of New Registered Agent

Name
Shuman, Shari A.

Street Address (P.O. Box Number is Not Acceptable)
4567 St. Johns Bluff Road, S.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Shari A Shuman

1/20/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☐ Delete
NAME SERKIN, HOWARD
STREET ADDRESS 225 WATER ST SUITE 1250
CITY-ST-ZIP JACKSONVILLE, FL 32247

TITLE VT ☒ Change ☐ Addition
NAME Serkin, Howard
STREET ADDRESS 225 Water Street, Suite 1250
CITY-ST-ZIP Jacksonville, FL 32247

TITLE VT ☐ Delete
NAME LOVETT, W. RADFORD
STREET ADDRESS ONE INDEPENDENT DRIVE, SUITE 1600
CITY-ST-ZIP JACKSONVILLE, FL 322025009

TITLE PT ☒ Change ☐ Addition
NAME Lovett, W. Radford
STREET ADDRESS One Independent Drive, Suite 1600
CITY-ST-ZIP Jacksonville, FL 32202-5009

TITLE VT ☐ Delete
NAME ARDITI, MARY
STREET ADDRESS 231 E. FORSYTH STREET
CITY-ST-ZIP JACKSONVILLE, FL 32202

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

TITLE VT ☐ Delete
NAME MEWTON, RUSSELL B III
STREET ADDRESS 200 W FORSYTH ST
CITY-ST-ZIP JACKSONVILLE, FL 32202

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

TITLE S ☐ Delete
NAME ALLAIRE, PIRRE N
STREET ADDRESS 4567 ST. JOHNS BLUFF ROAD SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE S ☒ Change ☐ Addition
NAME Allaire, Pierre N.
STREET ADDRESS 4567 St. Johns Bluff Road, South
CITY-ST-ZIP Jacksonville, FL 32224

TITLE T ☐ Delete
NAME CROSBY, RICHARD L
STREET ADDRESS 4567 ST. JOHNS BLUFF RD
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE T ☐ Change ☒ Addition
NAME Shuman, Shari A.
STREET ADDRESS 4567 St. Johns Bluff Road, South
CITY-ST-ZIP Jacksonville, FL 32224

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:

Shari A Shuman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03

DATE

904-620-2002

DAYTIME PHONE #