

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90298 046 \*\*\*\*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**

**40087929**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

**SHUMAN, SHARI  
4567 ST JOHNS RD  
JACKSONVILLE, FL 32224**

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

SIGNATURE **Shari Shuman**

*Shari Shuman*

**4/21/06**

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, 2006**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
LOVETT, W. RADFORD  
ONE INDEPENDENT SRIVE, SUITE1600  
JACKSONVILLE, FL 322025009 ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MAHER, JOHN J.  
1801 BARRS ST SUITE 600  
JACKSONVILLE, FL 32204** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
NEWTON, RUSSELL B III  
200 W. FORSYTH ST STE 1600  
JACKSONVILLE, FL 32202 ☐ Delete

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
SHUMAN, SHARI A  
4567 ST. JOHNS BLUFF RD  
JACKSONVILLE, FL 32224 ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Shuman*

**4/21/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #