

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746276

1. Entity Name

THE UNIVERSITY OF NORTH FLORIDA TRAINING AND SER

FILED

Feb 16, 2000 8:00 am  
Secretary of State

02-16-2000 90062 003 \*\*\*\*70.00

Principal Place of Business

Mailing Address

4567 ST. JOHNS BLUFF ROAD SOUTH  
DANIELS BLDG. ROOM 1377  
JACKSONVILLE FL 32224-9645

4567 ST. JOHNS BLUFF ROAD SOUTH  
DANIELS BLDG. ROOM 1377  
JACKSONVILLE FL 32224-2646

2. Principal Place of Business

3. Mailing Address

4567 St. Johns Bluff Road, South **SAME AS BUSINESS ADDRESS**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

J.J. Daniel Bldg, Room 1800

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32224

Duval

4. FEI Number

59-1982921

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOPKINS, ANNE H  
4567 ST JOHNS BLUFF RD SOUTH  
J.J DANIEL HALL ROOM 2800  
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.

SIGNATURE

*Anne H. Hopkins*

2/3/2000

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 **SD** ☒ Delete  
NAME **BUCK, ROLAND**  
STREET ADDRESS **4567 ST. JOHN BLUFF**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **Interim SD** ☐ Change ☒ Addition  
NAME **Malcolm, Everett**  
STREET ADDRESS **4567 St. Johns Bluff Road, South**  
CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE **VD** ☐ Delete  
NAME **KLINE, DAVID**  
STREET ADDRESS **4567 ST JOHNS BLUFF RD S**  
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **TD** ☐ Delete  
NAME **ANDERSON, LINDA H**  
STREET ADDRESS **4567 ST JOHNS BLUFF RD S**  
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **P** ☐ Delete  
NAME **HOPKINS, ANNE**  
STREET ADDRESS **4567 ST JOHN BLUFF RD BLDG 1 RM 2800**  
CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

TITLE **D** ☐ Delete  
NAME **FAGIN, ROBERT F**  
STREET ADDRESS **4567 ST JOHNS BLUFF RD**  
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **D** ☐ Delete  
NAME **ALLAIRE, PIERRE N**  
STREET ADDRESS **4567 ST JOHNS BLUFF RD SO**  
CITY-ST-ZIP **JAX FL 45**

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 an address, with all other like empowered.

SIGNATURE:

*Anne H. Hopkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #