2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

May 11, 2001 8:00 am **DOCUMENT # N10564** Secretary of State 1. Entity Name UNIVERSITY MEDICAL CENTER FOUNDATION, INC. 05-11-2001 90026 003 ****61.25 Principal Place of Business Mailing Address 655 W. 8TH STREET 655 W. 8TH STREET JACKSONVILLE FL 32209 JACKSONVILLE FL 32209 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-2622323 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY 225 WATER STREET **SUITE 1800** City JACKSONVILLE FL 32202 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** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PCD Addition Delete Change TITLE TITLE SCHIEBLER, GEROLD L. Robert G. Norton NAME 655 West 8th Street STREET ADDRESS 1600 ARCHER RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32610 Jacksonville, Fl. Delete TITLE TITLE eg Gay, CPA SWEST 8th Stree RUSSO, LUIS S., JR. NAME NAME STREET ADDRESS 653 W. 8TH STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32209 Jackson Ville, Addition ☐ Change TD TITLE TITLE Charles E. Caniff 655 West 8th Str MAYER, DAVID W NAME NAME STREET ADDRESS STREET ADDRESS 655 W. 8TH ST. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32209 Jacksonville Delete TITLE Addition TITLE REGISTER, JR. G R. NAME NAME 118 W ADAMS ST., SUITE 1000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202 **VPVC** Delete ☐ Change Addition TITLE TITLE STEIN, DAVID A NAME STREET ADDRESS 9009 REGENCY SQUARE BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32203 Change Addition TITLE TITLE BODE, SUSAN NAME 655 W. 8TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32209 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 supplier her believe 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 of the 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 attachm