

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995

 **FLORIDA DEPARTMENT OF STATE**
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N43237 (9)

95 JAN 31 AM 10:13

RESEARCH FOUNDATION OF THE UNIVERSITY OF CENTRAL FLORIDA, INCORPORATED

Principal Place of Business **Mailing Address**

4000 CENTRAL FLORIDA BLVD
ORLANDO FL 32816

4000 CENTRAL FLORIDA BLVD
ORLANDO FL 32816

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/30/1991** 3a. Date of Last Report **01/25/1994**

4. FBI Number **59-3086453** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

SILZER, SCOT
4000 CENTRAL FLORIDA BLVD
ADM 395-B
ORLANDO FL 32816-0150

10. Name and Address of New Registered Agent

81 Name **Liberto, Mary Beth**

82 Street Address (P.O. Box Number is Not Acceptable) **4000 Central FLA BLVD**

83 **ADM 350**

84 City **Orlando, FL.** 85 Zip Code **32816**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Mary Beth Liberto, University Attorney Mary Beth Liberto 1/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when nonbinding) DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **HITT, JOHN C.**
STREET ADDRESS **4000 CENTRAL FLA BLVD**
CITY-ST-ZIP **ORLANDO FL**

TITLE **PBO**
NAME **BASS, MICHAEL**
STREET ADDRESS **JUGE, FRANK**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D**
NAME **WHITEHOUSE, GARY**
STREET ADDRESS **4000 CENTRAL FLA BLVD**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D**
NAME **BLOCK, DAVID**
STREET ADDRESS **300 STATE ROAD 401**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D**
NAME **SCHWARTZ, WILLIAM G.**
STREET ADDRESS **3404 N ORANGE BLVD**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D**
NAME **WALLACE, JOE**
STREET ADDRESS **12424 RESEARCH PARKWAY**
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **P/O/C**

2.3 STREET ADDRESS **Jacobs, Diane**

2.4 CITY-ST-ZIP **4000 Central FLA BLVD**
Orlando, FL 32816

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

See Attached Continuation Sheet

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William L. Roach, Treasurer William L. Roach 1/24/95 (407) 823-3031
Signature and typed or printed name of signing officer or director Date Daytime Phone #

ADDITIONAL INFORMATION FOR BLOCK 13
CORPORATE ANNUAL REPORT - 1995
RESEARCH FOUNDATION OF THE UNIVERSITY
OF CENTRAL FLORIDA, INCORPORATED

D
HEEKIN, JAMES R. JR.
215 N. ELLA DRIVE
ORLANDO, FL. 32801

S
OKONIEWSKI, RUSTY
4000 CENTRAL FLA BLVD
ORLANDO, FL. 32816

T
ROACH, WILLIAM L.
4000 CENTRAL FLA BLVD
ORLANDO, FL. 32816