

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43237** (9)

1. Corporation Name

**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

08/02/1996

4. FEI 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**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIBERTO, MARY BETH
4000 CENTRAL FLORIDA BLVD.
ADM 350
ORLANDO FL 32816**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4000 CENTRAL FLORIDA BLVD

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

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

TITLE **PDC** ☐ DELETE

NAME **JACOBS, DIANE**
STREET ADDRESS **4000 CENTRAL FLA BLVD.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **D** ☒ DELETE

NAME **SCHWARTZ, WILLIAM C.**
STREET ADDRESS **3404 N ORANGE BLSM TRAIL**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

**T
361644 3 LAKE
4867 HAWLEY RD
COCONA FL 32927**

**D
JAMES HEE LIN
215 N ELLA DRIVE
ORLANDO, FL 32801**

14. I do 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 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

SIGNATURE REQUIRED

WALLACE, JOE (407) 922-5511

CR2E037 (4/97)