SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 17, 1999 8:00 am
Secretary of State
08-17-1999 90009 050 ****61.25

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DOCUMENT # N43237

1. Corporation Name
RESEARCH FOUNDATION OF THE UNIVERSITY OF CENTRAL FLORIDA, INCORPORATED

606667 - 90009 - 50

Principal Place of Business	Mailing Address
4000 CENTRAL FLORIDA BLVD ORLANDO FL 32816	4000 CENTRAL FLORIDA BLVD ORLANDO FL 32816

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/30/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3086453 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HITT, JOHN C.		1.2 NAME		
STREET ADDRESS	4000 CENTRAL FLA BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	PDC	☑ DELETE	2.1 TITLE	Dr.	☐ Change ☒ Addition
NAME	JACOBS, DIANE		2.2 NAME	Soileau, MJ	
STREET ADDRESS	4000 CENTRAL FLA BLVD.		2.3 STREET ADDRESS	4000 CENTRAL FLA BLVD	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO, FL	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WHITEHOUSE, GARY		3.2 NAME		
STREET ADDRESS	4000 CENTRAL FLA BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLOCK, DAVID		4.2 NAME		
STREET ADDRESS	300 STATE ROAD 401		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	Dr.	☐ Change ☒ Addition
NAME	HEEKIN, JAMES		5.2 NAME	Gwendolyn F. McLin	
STREET ADDRESS	215 N ELLA DR		5.3 STREET ADDRESS	5415 Banana Point Drive	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	Okahumpka, FL 34762	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WALLACE,, JOE		6.2 NAME		
STREET ADDRESS	12424 RESEARCH PARKWAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (5/99)

14. 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 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, with all other like empowered.

SIGNATURE: Beverly B. Brandt, Treasurer SIGNATURE REQUIRED 8/9/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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PROPOSED UCF RESEARCH FOUNDATION
OFFICERS AND BOARD OF DIRECTORS
February 26, 1999

Dr. M.J. Soileau, President
Vice President for Research
University of Central Florida
4000 Central Florida Boulevard (ADM 243)
Orlando, FL 32816
407-823-5538

Dr. David Block, Board Member
Director, Florida Solar Energy Center
1679 Clearlake Road
Cocoa, FL 32922
SunCom 364-1001

Dr. Gwendolyn F. McLin, Board Member
5415 Banana Point Drive
Okahumpka, FL 34762
352-787-3584

Dr. John Hitt, Board Member
President, University of Central Florida
4000 Central Florida Boulevard
Presidential Suite, Third floor
Orlando, FL 32816
407-823-1823

Mr. Joe Wallace, Board Member
Central Florida Research Park
Research Park Pavilion, Suite 100
Orlando, FL 32816
407-282-3944

Dr. Gary Whitehouse, Board Member
Provost, University of Central Florida
4000 Central Florida Boulevard (ADM 315)
Orlando, FL 32816
407-823-3203

Ms. Betsy Gray, Secretary

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Interim Director of Sponsored Research
University of Central Florida
4000 Central Florida Boulevard (ADM 243)
Orlando, FL 32816
407-823-2653

Ms. Beverly Laakso, Treasurer
Budget Officer
Office of Sponsored Research
University of Central Florida
4000 Central Florida Boulevard (ADM 243)
Orlando, FL 32816
407-823-5581

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From: William Moran
To: Dodie Hajra
Date: 8/9/99 4:06PM
Subject: UCF Foundation officers

I deleted Dr Jacobs, and replaced her with Dr Soileau.
I need Dr Gwenlyn McLin address?

Thanks

Bill Moran, Coordinator, Administrative Services
Office of Research
4000 Central Florida Blvd
Orlando, Florida 32816
407-384-2122
407-384-2125 fax
wmoran@mail.ucf.edu