

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90400 007 ****61.25

0067582

DOCUMENT # N43237

1. Entity Name

RESEARCH FOUNDATION OF THE UNIVERSITY OF CENTRAL

Principal Place of Business

**4000 CENTRAL FLORIDA BLVD
 ORLANDO FL 32816**

Mailing Address

**4000 CENTRAL FLORIDA BLVD
 ORLANDO FL 32816**

LU004134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3086453

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D HITT, JOHN C. 4000 CENTRAL FLA BLVD ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOILEAU, MJ 4000 CENTRAL FLA BLVD. ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEHOUSE, GARY 4000 CENTRAL FLA BLVD ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOCK, DAVID 300 STATE ROAD 401 ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLIN, GWENDOLYN F 5415 BANANA POINT DRIVE OKAHUMPKA FL 34762	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, JOE 12424 RESEARCH PARKWAY ORLANDO FL	☐ Delete

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

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01
 Date

407-882-2054
 Daytime Phone #

CR2E037 (10/00)