2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State
06-05-2000 90042 024 ****61.25

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1. Entity Name

COLLEGE AND UNIVERSITY PERSONNEL ASSOCIATION, FL

Principal Place of Business	Mailing Address
UNIVERSITY PERSONNEL SERVICES UNIVERSITY OF FLORIDA GAINESVILLE FL 32611 US	PO BOX 115000 UNIVERSITY OF FLORIDA GAINESVILLE FL 32611-5000 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
University of Tampa	401 W. Kennedy Blvd.
Suite, Apt. #, etc.: Human Resources	Suite, Apt. #, etc.: University of Tampa
City & State: Tampa, FL.	City & State: Tampa, FL
Zip: 33606-1490 Country: USA	Zip: 33606-1490 Country: USA

4. FEI Number: 59-3267263 ☐ Applied For ☐ Not Applicable

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
WILLIS, ROBERT 8612 SW 2ND PLACE GAINESVILLE FL 32607	Name: Popovich, Donna Street Address (P.O. Box Number is Not Acceptable): 401 W. Kennedy Blvd. University of Tampa City: Tampa, FL. FL Zip Code: 33606-1490

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: Robert Willis, President — DATE: 5/30/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD WILLIS, ROBERT 8612 SW 2ND PLACE GAINESVILLE FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition P Popovich, Donna U. of Tampa, 401 W. Kennedy Blvd. Tampa, FL. 33606-1490
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD POPOYICH, DONNA U OF TAMPA 401 W KENNEDY BLVD TAMPA FL 33606-1490	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition V Berry, Val Florida International University, University Park, PC-224 Miami, FL. 33199
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD POPOYICH, DONNA U OF TAMPA 401 W KENNEDY BLVD TAMPA FL 33606-1490	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition T Campbell, Denise Florida Atlantic University, P.O. Box 3091 Boca Raton, FL. 33431-0991
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALANOFF, JANET 230 ADMIN BLDG, U OF CENTRAL FLORIDA ORLANDO FL 32816	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition S Vickers, Cynthia Florida State University, 5637 University Center Tallahassee, FL. 32306-1007
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED — Robert L. Willis — 5/30/00 — (352) 392-1075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #