

DOCUMENT # N98000000568

1. Entity Name

SOUTHEAST BURN FOUNDATION, INC.

Principal Place of Business

633 N.W. 8TH AVENUE
GAINESVILLE FL 32601

Mailing Address

633 N.W. 8TH AVENUE
GAINESVILLE FL 32605-6416

2. Principal Place of Business

901 NW 57th Street

Suite, Apt. #, etc.

3. Mailing Address

901 NW 57th Street

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip
32605

Country
USA

City & State

Gainesville, FL

Zip
32605

Country
USA

4. FEI Number

59-3492585

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOVAY, JOHN C
633 N.W. 8TH AVENUE
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name
Bovay, John C.
Street Address (P.O. Box Number is Not Acceptable)
901 NW 57th Street
City
Gainesville FL Zip Code
32605

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 John C. Bovay

1/20/00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOZINGO, DAVID 633 N.W. 8TH AVENUE GAINESVILLE FL 32601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOWEN, HUNTER 633 N.W. 8TH AVENUE GAINESVILLE FL 32601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCHAFFEY, RICK 633 N.W. 8TH AVENUE GAINESVILLE FL 32601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair/D/ Bowen, Hunter 2221 SE 14th Ave, Apt 75 Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Chair/D Tait, Miki 1061 Windwood Way Tallahassee, FL 32311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/D Mchaffey, Dick 411 N. Main Street Gainesville, FL 32601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/D Mozingo, David University of Florida, Dept of Surgery PO Box 100286, Gainesville, FL 32610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/20/00

Date

352-374-5660

Daytime Phone #

CR2E037 (9/99)