

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90032 021 ****61.25

0020188

DOCUMENT # N98000000568

1. Entity Name
SOUTHEAST BURN FOUNDATION, INC.

Principal Place of Business 901 NW 57TH ST. GAINESVILLE FL 32605	Mailing Address 901 NW 57TH ST. GAINESVILLE FL 32605
--	--

2. Principal Place of Business UF DEPT. OF SURGERY Suite, Apt. #, etc. 1600 SW ARCHER RD City & State GAINESVILLE FL Zip 32608 Country USA	3. Mailing Address UF DEPT. OF SURGERY Suite, Apt. #, etc. PO BOX 100286 City & State GAINESVILLE FL Zip 32610 Country USA
---	---



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3492595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOVAY, JOHN C 901 NW 57TH ST. GAINESVILLE FL 32605	
7. Name and Address of New Registered Agent Name MAY, WILL Street Address (P.O. Box Number is Not Acceptable) 913 SE 5TH ST. City GAINESVILLE FL Zip Code 32601	

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 *Walter May Jr.* DATE **3-8-2001**

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. <input type="checkbox"/>	\$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	SD MOZINGO, DAVID UF DEPT OF SURGERY P.O. BOX 100286 GAINESVILLE FL 32610 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIR/D MAY, WILL 913 SE 5TH ST GAINESVILLE FL 32601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BOWEN, HUNTER 2221 SE 14TH AVE APT 75 OCALA FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-CHAIR/D KARST, DEBBIE MARION CO. FIRE RESCUE 3230 SE MARICAMP RD OCALA FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAHAFFEY, DICK 411 N. MAIN ST GAINESVILLE FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/D LEMIRE, JEAN 913 SE 5TH ST GAINESVILLE FL 32601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD TAIT, MIKI 1061 WINDWOOD WAY TALLAHASSEE FL 32311 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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]* **REQUIRED** Date **03/08/01** (352) 374-5560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/00)