2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90038 032 ****70.00

DOCUMENT # 721844

1. Entity Name

UNIVERSITY OF NORTH FLORIDA FOUNDATION, INC.

Principal Place of Business	Mailing Address
4567 ST. JOHNS BLUFF ROAD S. JJ DANIELS BLDG ROOM 1800 JACKSONVILLE FL 32224	4567 ST. JOHNS BLUFF ROAD S. JJ DANIELS BLDG ROOM 1800 JACKSONVILLE FL 32224

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7167701 ☐ 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
FAGIN, ROBERT 4567 ST. JOHNS BLUFF RD. S. JACKSONVILLE FL 32224	Name: Crosby, Richard Street Address (P.O. Box Number is Not Acceptable): 4567 St. Johns Rd City: Jacksonville **FL** Zip Code: 32224

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 _____ 4-29-2
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	VD BOND, WILLIAM B. 225 WATER ST., #830 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BENT, JAMES VAN E 4567 ST JOHNS BLUFF ROAD SO JACKSONVILLE FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOWER, E. BRUCE 225 WATER ST., STE. 860 JACKSONVILLE FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HICKS, ANN 4567 ST JOHNS BLUFF RD SOUTH JACKSONVILLE FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PAUL, BOBBY 4567 ST JOHNS BLUFF RD S JACKSONVILLE FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FAGIN, ROBERT 4567 ST. JOHNS BLUFF RD JACKSONVILLE FL 32224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Crosby, Richard L. 4567 St. Johns Bluff Rd Jacksonville, FL	☐ Change ☒ Addition

CR2E037 (9/01)

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 4-29-2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #