## 2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000004469

Entity Name: UNIVERSITY COLLEGE OF THE CARIBBEAN FOUNDATION -

U.S., INC.

## **Current Principal Place of Business:**

8077 SUMMER BAY COURT JACKSONVILLE, FL 32256

## **Current Mailing Address:**

8077 SUMMER BAY COURT JACKSONVILLE, FL 32256 US

FEI Number: 06-1746554 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

GAYLE, DENNIS J PHD 8077 SUMMER BAY COURT JACKSONVILLE, FL 32256 US

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: DENNIS J. GAYLE, PHD 05/04/2017

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title **DIRECTOR** Title DIRECTOR

Name ADAMS, GERALDINE MRS. Name GRIFFITHS, JOYLENE MS.

Address 9 NORBROOK WAY Address 6 STEELE ROAD, GOLDEN SPRING,

STONY HILL City-State-Zip: KINGSTON 8

ST. ANDREW P.O. BOX.364 City-State-Zip:

Title DIRECTOR

Title **DIRECTOR** Name MESSADO, GEOFFREY MR. FLOWERS-CLARKE, AUDREY MRS. Name

Address 28A BENSON AVENUE Address 10 WIDCOMBE ROAD

City-State-Zip: KINGSTON 8 City-State-Zip: KINGSTON 6

Title DIRECTOR

Title PRINCIPAL OFFICER

Name CLARE, OD, IRWINE G MR. Name GAYLE, DENNIS JOHN PHD Address 243-12 149TH AVENUE Address 8077 SUMMER BAY COURT

City-State-Zip: ROSEDALE NY 11422 JACKSONVILLE FL 32256 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS JOHN GAYLE, PHD

PRINCIPAL OFFICER

05/04/2017

**FILED** May 04, 2017

**Secretary of State** 

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