2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
01-31-2001 90028 012 ****70.00

DOCUMENT # 701392

1. Entity Name

UNIVERSITY OF SOUTH FLORIDA FOUNDATION, INC.

Principal Place of Business	Mailing Address
GIBBONS ALUMNI CENTER 4202 E FOWLER AVE TAMPA FL 33620 US	GIBBONS ALUMNI CENTER 4202 E FOWLER AVE TAMPA FL 33620 US

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 59-0879015 ☐ 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
SEGREST, NOREEN 4202 E. FOWLER AVENUE ADM 250 TAMPA FL 33620	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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	PD STAVROS, GUS A 4202 E FOWLER AVE, ALC 000 TAMPA FL 33620 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EV STAFFORD, KATHY L 4202 E FOWLER AVE, ADM 241 TAMPA FL 33620 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EV Mitchell, Vicki L. 4202 E Fowler Ave, ADM 247 Tampa, FL 33620 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MORSANI, FRANK 4202 E FOWLER AVE TAMPA FL 33620 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Morsani, Frank 4202 E Fowler Ave, ADM 247 Tampa, FL 33620 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EICKHOFF, WILLIAM A 4202 E FOWLER AVE, ADM 241 TAMPA FL 33620 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T AROLD, LEE 4202 E FOWLER AVE, ADM 241 TAMPA FL 33620 ☐ 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 (10/00)

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 John Scott Chief Financial Officer 1/12/01 (813) 974-1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #