

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90185 010 ****70.00

DOCUMENT # 721844

1. Corporation Name

UNIVERSITY OF NORTH FLORIDA FOUNDATION, INC.

Principal Place of Business

4567 ST. JOHNS BLUFF ROAD S.
P O BOX 17074, ST JOHNS BLUFF RD S.
JACKSONVILLE FL 32216-3699

Mailing Address

4567 ST. JOHNS BLUFF ROAD S.
P O BOX 17074, ST JOHNS BLUFF RD S.
JACKSONVILLE FL 32216-3699

494997 - 90185 - 10



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/11/1971

4. FEI Number

23-7167701

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FAGIN, ROBERT
4567 ST. JOHNS BLUFF RD. S.
JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **BOND, WILLIAM B.**
CITY-ST-ZIP **225 WATER ST., #830**
JACKSONVILLE FL

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **CHENEY, ANDREW B**
CITY-ST-ZIP **50 N LAURA ST**
JAX FL

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **BOWER, E. BRUCE**
CITY-ST-ZIP **225 WATER ST., STE: 860**
JACKSONVILLE FL 32202

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **SMITH, J.P.**
CITY-ST-ZIP **552 PONTE VEDRA BLVD.**
JACKSONVILLE FL

TITLE ☒ DELETE
NAME **P**
STREET ADDRESS **COMMANDER, CHARLES I**
CITY-ST-ZIP **200 LAURA ST**
JAX FL

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **FAGIN, ROBERT**
CITY-ST-ZIP **4567 ST. JOHNS BLUFF RD**
JACKSONVILLE FL 32224

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Paul, Bobby**
5.3 STREET ADDRESS **4567 St. Johns Bluff Road, South**
5.4 CITY-ST-ZIP **Jacksonville, FL 32224**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/99 (904) 620-

Daytime Phone #

2050

CR2E037 (11/98)