2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1/

FILED
Jun 10, 2003 8:00 am
Secretary of State
05-01-2003 90315 033 ****70.00

DOCUMENT # 721844

1. Entity Name
UNIVERSITY OF NORTH FLORIDA FOUNDATION, INC.

55047438

[redacted]

☐ CHECK HERE IF MAKING CHANGES

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

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
CROSBY, RICHARD 4567 ST JOHNS RD JACKSONVILLE FL 32224	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 4-28-03
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 Florida 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	P Howard Serkin Trustee 225 Water St., Suite 1250 Jacksonville, FL 32247	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BENT, JAMES VAN E 4567 ST JOHNS BLUFF ROAD SO JACKSONVILLE FL 32224	☒ Delete	V W. Radford Lovett Trustee OneeIndependent Drive, Suite 1600 Jacksonville, FL 32202-5009	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOWER, E. BRUCE 225 WATER ST., STE. 860 JACKSONVILLE FL 32202	☒ Delete	V Mary Arditti Trustee 231 E. Forsyth Street Jacksonville, FL 32202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HICKS, ANN 4567 ST JOHNS BLUFF RD SOUTH JACKSONVILLE FL 32224	☒ Delete	V Russell B Newton III Trustee 200 W Forsyth St Jacksonville, FL 32202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PAUL, BOBBY 4567 ST JOHNS BLUFF RD S JACKSONVILLE FL 32224	☒ Delete	S Pierre N. Allaire 4567 St. Johns Bluff Road South Jacksonville, FL 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CROSBY, RICHARD L 4567 ST. JOHNS BLUFF RD JACKSONVILLE FL 32224	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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 4-28-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #