

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722707

1. Entity Name

UROLOGY FOUNDATION OF FLORIDA, INC.

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90416 045 ****61.25

Principal Place of Business

Mailing Address

C/O SARA DRYLIE
 6603 N W 18TH AVE.
 GAINESVILLE FL 32605

C/O SARA DRYLIE
 6603 N W 18TH AVE.
 GAINESVILLE FL 32605

00144031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7211442

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DRYLIE, SARA M
 6603 NW 18TH AVE
 GAINESVILLE FL 32601

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 PD ☐ Delete
 NAME JABLONSKI, DONALD
 STREET ADDRESS 1812 N MILLS AVE
 CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD ☐ Delete
 NAME STRINGER, THOMAS F
 STREET ADDRESS 609 W HIGHLAND BLVD
 CITY-ST-ZIP INVERNESS FL 34452

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME DEARDOURFF, MARGIE
 STREET ADDRESS 1921 NW 14 AVE
 CITY-ST-ZIP GAINESVILLE FL 32308

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME SAWYER, PAUL MD
 STREET ADDRESS 1207 HODGES DR
 CITY-ST-ZIP TALLAHASSEE FL 32605

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD ☐ Delete
 NAME DRYLIE, SARA M.
 STREET ADDRESS 6603 N.W. 18TH AVE.
 CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Sara M. Drylie*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-02 (352) 331-9944
 Date Daytime Phone #

CR2E037 (9/01)