

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2006 08:00 AM
Secretary of State

DOCUMENT # 722707

1. Entity Name

UROLOGY FOUNDATION OF FLORIDA, INC.



Principal Place of Business

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

Mailing Address

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



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

23-7211442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E037 (4/06)

6. Name and Address of Current Registered Agent

DRYLIE, SARA M
6603 NW 18TH AVE
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

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

Sara M. Drylie

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

(NOTE: Registered Agent signature required when reinstating)

July 29, 2006

DATE

FILE NOW: FEE IS \$61.25
Due By: September 6, 2006

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
000000573197
08/02/06-80006-016 61.25

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

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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 exemptions contained in Chapter 119, 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 - 6603 NW 18th Ave, Gainesville FL* *July 29, 2006* *(352) 331-9944*