

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

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90142 038 ****61.25

DOCUMENT # 723189

1. Entity Name

FRIENDS OF FIVE, INC.



Principal Place of Business

**2000 WEIMER HALL, UNIV. OF FLORIDA
P. O. BOX 12865
GAINESVILLE FL 32604**

Mailing Address

**2000 WEIMER HALL, UNIV. OF FLORIDA
P. O. BOX 12865
GAINESVILLE FL 32604**

2. Principal Place of Business

2200 Weimer Hall Univ of FL

3. Mailing Address

2200 Weimer Hall Univ of FL

Suite, Apt. #, etc.
PO Box 118405

Suite, Apt. #, etc.
PO Box 118405

City & State
Gainesville, FL

City & State
Gainesville, FL

Zip
32611-8405

Country
USA

Zip
32611-8405

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7317577**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEHNER, RICHARD
2000 WEIMER HALL
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2200 Weimer Hall

City

FL

Zip Code
32611-8405

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

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 **PD** ☐ Delete
NAME **IRBY, BUDDY**
STREET ADDRESS **PO BOX 11**
CITY-ST-ZIP **GAINESVILLE FL 32602**

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

TITLE **VD** ☐ Delete
NAME **SPAIN, SUSAN**
STREET ADDRESS **2321 NW 41 STREET**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D/T** ☒ Change ☐ Addition
NAME **SPAIN, SUSAN**
STREET ADDRESS **2332 NW 41st ST Ste A-2**
CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **STD** ☐ Delete
NAME **SHORE, MELANIE**
STREET ADDRESS **5206 NW 47 LANE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☒ Change ☐ Addition
NAME **SHORE, MELANIE**
STREET ADDRESS **5206 NW 47th LN**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE **D** ☐ Delete
NAME **GOFORTH, SAM**
STREET ADDRESS **104 N. MAIN STREET**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **V/D** ☐ Change ☒ Addition
NAME **SILVERMAN-BUDD, ILENE**
STREET ADDRESS **3111 NW 9th PL**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **D** ☐ Delete
NAME **LEVY, ROSLYN**
STREET ADDRESS **401 SW 88TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **S/T/D** ☐ Change ☒ Addition
NAME **CARLSON, JOHN**
STREET ADDRESS **4421 NW 39th Ave, Bldg 3**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE **D** ☐ Delete
NAME **CASTELLO, WAYNE**
STREET ADDRESS **2772 NW 43 STREET**
CITY-ST-ZIP **GAINESVILLE FL 32606**

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: **Richard Lehner**

03/07/03 352-392-5551 x1115

CR2E037 (10/02)