

**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

4. FEI Number **23-7317577**

Applied For
 Not Applicable

Zip
32611-8405

Country
USA

Zip
32611-8405

Country
USA

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

CHECK HERE IF MAKING CHANGES

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
LEHNER, RICHARD

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 _____ (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	<input type="checkbox"/> Delete
NAME IRBY, BUDDY	
STREET ADDRESS PO BOX 11	
CITY-ST-ZIP GAINESVILLE FL 32602	
TITLE VD	<input type="checkbox"/> Delete
NAME SPAIN, SUSAN	
STREET ADDRESS 2321 NW 41 STREET	
CITY-ST-ZIP GAINESVILLE FL 32606	
TITLE STD	<input type="checkbox"/> Delete
NAME SHORE, MELANIE	
STREET ADDRESS 5206 NW 47 LANE	
CITY-ST-ZIP GAINESVILLE FL 32606	
TITLE D	<input type="checkbox"/> Delete
NAME GOFORTH, SAM	
STREET ADDRESS 104 N. MAIN STREET	
CITY-ST-ZIP GAINESVILLE FL 32601	
TITLE D	<input type="checkbox"/> Delete
NAME LEVY, ROSLYN	
STREET ADDRESS 401 SW 88TH TERRACE	
CITY-ST-ZIP GAINESVILLE FL	
TITLE D	<input type="checkbox"/> Delete
NAME CASTELLO, WAYNE	
STREET ADDRESS 2772 NW 43 STREET	
CITY-ST-ZIP GAINESVILLE FL 32606	

TITLE D/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPAIN, SUSAN	
STREET ADDRESS 2332 NW 41st ST Ste A-2	
CITY-ST-ZIP Gainesville, FL 32606	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHORE, MELANIE	
STREET ADDRESS 5206 NW 47th LN	
CITY-ST-ZIP GAINESVILLE, FL 32606	
TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SILVERMAN-BUDD, ILENE	
STREET ADDRESS 3111 NW 9th PL	
CITY-ST-ZIP GAINESVILLE, FL 32605	
TITLE S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CARLSON, JOHN	
STREET ADDRESS 4421 NW 39th Ave, Bldg 3	
CITY-ST-ZIP GAINESVILLE, FL 32606	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)