

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 759406**

1. Entity Name

UNIVERSITY OF FLORIDA ORTHODONTIC ALUMNI ASSOCIA

Principal Place of Business

**1600 SW ARCHER RD
GAINESVILLE FL 32610
US**

Mailing Address

**1600 SW ARCHER RD
C/O 108 NORTH PALM AVENUE
GAINESVILLE FL 32610
US**

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

NOT APPLICABLE

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CALOGERO, DULCE
1600 ARCHER RD
GAINESVILLE FL 32610**

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.

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

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | JUSTICE, MARK | |
| STREET ADDRESS | 2381 E. MAIN STREET | |
| CITY-ST-ZIP | SNELLVILLE GA | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | CALOGERO, DOLCE | |
| STREET ADDRESS | 8430 S.W. 23RD PL | |
| CITY-ST-ZIP | GAINESVILLE FL 32607 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WHEELER, TIM | |
| STREET ADDRESS | UNIV OF FL. COLLEGE OF DENTISTRY | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CHAPMAN, STEVE | |
| STREET ADDRESS | 108 N. PALM AVENUE | |
| CITY-ST-ZIP | PALATKA FL 32177 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MARTIN, CELIA S | |
| STREET ADDRESS | 2841 N.W. 41ST ST. | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | LECOMPT, JOE | |
| STREET ADDRESS | 108 N. PALM AVE. | |
| CITY-ST-ZIP | PALATKA FL 32177 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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:

SIGNATURE REQUIRED

Date

Daytime Phone #

2/1/01 352 331 2401



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)