

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

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90023 045 ****61.25

DOCUMENT # 759406

1. Entity Name

UNIVERSITY OF FLORIDA ORTHODONTIC ALUMNI ASSOCIATION, INC.



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

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. 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

TITLE: **VD** ☐ Delete
NAME: **JUSTICE, MARK**
STREET ADDRESS: **2381 E. MAIN STREET**
CITY-ST-ZIP: **SNELLVILLE GA**

TITLE: **P** ☐ Delete
NAME: **CALOGERO, DOLCE**
STREET ADDRESS: **8430 S.W. 23RD PL**
CITY-ST-ZIP: **GAINESVILLE FL 32607**

TITLE: **PD** ☐ Delete
NAME: **WHEELER, TIM**
STREET ADDRESS: **UNIV OF FL COLLEGE OF DENTISTRY**
CITY-ST-ZIP: **GAINESVILLE FL**

TITLE: **D** ☐ Delete
NAME: **CHAPMAN, STEVE**
STREET ADDRESS: **108 N. PALM AVENUE**
CITY-ST-ZIP: **PALATKA FL 32177**

TITLE: **V** ☐ Delete
NAME: **MARTIN, CELIA S**
STREET ADDRESS: **2841 N.W. 41ST ST.**
CITY-ST-ZIP: **GAINESVILLE FL 32606**

TITLE: **ST** ☐ Delete
NAME: **LECOMPTE, JOE**
STREET ADDRESS: **108 N. PALM AVE.**
CITY-ST-ZIP: **PALATKA FL 32177**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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 of Joe LeCompte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)