

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000006079

1. Entity Name

INDIANA UNIVERSITY FOUNDATION INCORPORATED

Principal Place of Business

Mailing Address

SHOWALTER HOUSE, STATE HWY 46 BYPASS  
BLOOMINGTON IN 47402

P.O. BOX 500  
BLOOMINGTON IN 47402-0500  
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

35-6018940

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KONZAK, JEFFREY W  
WALDEN UNIVERSITY  
801 ANCHOR RODE DR  
NAPLES FL 33940

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC, DR. ☐ Delete  
NAME BRAND, MYLES  
STREET ADDRESS SHOWALTER HOUSE, STATE HWY 46 BYPASS  
CITY-ST-ZIP BLOOMINGTON IN

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS Please See List Attached  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BANKS, GLENN L  
STREET ADDRESS SHOWALTER HOUSE, STATE HWY 46 BYPASS  
CITY-ST-ZIP BLOOMINGTON IN 47402

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

TITLE D ☐ Delete  
NAME BROWN, BILL C  
STREET ADDRESS SHOWALTER HOUSE, STATE HWY 46 BYPASS  
CITY-ST-ZIP BLOOMINGTON IN 47402

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

TITLE D ☐ Delete  
NAME CARMICHAEL, WILLIAM P  
STREET ADDRESS SHOWALTER HOUSE, STATE HWY 46 BYPASS  
CITY-ST-ZIP BLOOMINGTON IN 47402

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

TITLE D ☐ Delete  
NAME COOK, GAYLE K  
STREET ADDRESS SHOWALTER HOUSE, STATE HWY 46 BYPASS  
CITY-ST-ZIP BLOOMINGTON IN 47402

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

TITLE D ☐ Delete  
NAME COZAD, JAMES W  
STREET ADDRESS SHOWALTER HOUSE, STATE HWY 46 BYPASS  
CITY-ST-ZIP BLOOMINGTON IN 47402

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gina M. Reel, CPA

Controller & Exec

Dir, Finance

1/12/2000

(812)

855-8311

Date

Daytime Phone #

CR2E037 (9/99)