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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006682

1. Corporation Name

UNIVERSITY OF VIRGINIA REAL ESTATE FOUNDATION, INCORPORATED

Principal Place of Business

2333 OLD IVY RD
CHARLOTTESVILLE VA 22903
US

Mailing Address

PO BOX 9023
CHARLOTTESVILLE VA 22906



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/20/1996

4. FEI Number

54-1373614

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **GOODWIN, WILLIAM H JR**
STREET ADDRESS **1 JAMES CENTER STE 1400**
CITY-ST-ZIP **RICHMOND VA**

TITLE **V** ☐ DELETE
NAME **MORIE, ELIZABETH D MRS**
STREET ADDRESS **304 LAKETREE DRIVE**
CITY-ST-ZIP **STAUNTON VA 24401**

TITLE **S** ☐ DELETE
NAME **ROSE, TIM R MR**
STREET ADDRESS **2333 OLD IVY ROAD**
CITY-ST-ZIP **CHARLOTTESVILLE VA 22906-9023**

TITLE **T** ☐ DELETE
NAME **HANDY, ALICE W MS**
STREET ADDRESS **2333 OLD IVY ROAD**
CITY-ST-ZIP **CHARLOTTESVILLE VA 22906-9023**

TITLE **C** ☒ DELETE
NAME **DABNEY, HOVEY S MR**
STREET ADDRESS **JEFFERSON NATL BANK, 123 EAST MAIN STREET**
CITY-ST-ZIP **CHARLOTTESVILLE VA 22902**

TITLE **D** ☐ DELETE
NAME **FRALIN, W HEYWOOD**
STREET ADDRESS **2917 PENN FOREST BLVD**
CITY-ST-ZIP **ROANOKE VA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **C**
5.3 STREET ADDRESS **Ackerly, John P. III, Mr.**
5.4 CITY-ST-ZIP **Mays & Valentine, 1111 E. Main St**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **PO Box 1122, Richmond, VA 23219**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/99 804-982-4848

CR2E037 (11/98)