

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006682

1. Entity Name

UNIVERSITY OF VIRGINIA REAL ESTATE FOUNDATION, I

FILED

Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90013 050 ****61.25

Principal Place of Business

Mailing Address

~~2033 OLD WY RD~~
CHARLOTTESVILLE VA 22903
US

PO BOX ~~9029~~
CHARLOTTESVILLE VA ~~22900-9029~~

2. Principal Place of Business

405 CRESTWOOD Dr.

3. Mailing Address

PO BOX 400218

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1373614

Applied For

Not Applicable

Zip

Country

Zip

Country

22904-4218

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

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

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

TITLE S ☐ Delete
NAME ROSE, TIM R MR
STREET ADDRESS ~~2033 OLD WY ROAD~~
CITY-ST-ZIP CHARLOTTESVILLE VA ~~22906-9023~~ 22903

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 405 CRESTWOOD DRIVE
CITY-ST-ZIP 22903

TITLE T ☐ Delete
NAME HANDY, ALICE W MS
STREET ADDRESS ~~2033 OLD WY ROAD~~
CITY-ST-ZIP CHARLOTTESVILLE VA 22906-9023

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 560 RAY C. HUNT DRIVE
CITY-ST-ZIP 22903

TITLE C ☐ Delete
NAME ACKERLY, JOHN P III
STREET ADDRESS 1111 E MAIN ST./PO BOX 1122
CITY-ST-ZIP RICHMOND VA 23219

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-2000 804 982 4848

Date

Daytime Phone #

CR2E037 (9/99)