

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000006682**

1. Entity Name

UNIVERSITY OF VIRGINIA REAL ESTATE FOUNDATION, I

Principal Place of Business

**465 CRESTWOOD DR
CHARLOTTESVILLE VA 22903
US**

Mailing Address

**PO BOX 400218
CHARLOTTESVILLE VA 22906**

2. Principal Place of Business

Suite, Apt. #, etc.:

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.:

City & State

Zip

Country

4. FEI Number

54-1373614

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

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	P	<input type="checkbox"/> Delete
NAME	GOODWIN, WILLIAM H JR	
STREET ADDRESS	1 JAMES CENTER STE 1400	
CITY-ST-ZIP	RICHMOND VA	

TITLE	V	<input type="checkbox"/> Delete
NAME	MORIE, ELIZABETH D MRS	
STREET ADDRESS	304 LAKETREE DRIVE	
CITY-ST-ZIP	STAUNTON VA 24401	

TITLE	S	<input type="checkbox"/> Delete
NAME	ROSE, TIM R MR	
STREET ADDRESS	465 CRESTWOOD DR	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22903	

TITLE	T	<input type="checkbox"/> Delete
NAME	HANDY, ALICE W MS	
STREET ADDRESS	560 RAY C HUNT DR	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22903	

TITLE	C	<input type="checkbox"/> Delete
NAME	ACKERLY, JOHN P III	
STREET ADDRESS	1111 E MAIN ST./PO BOX 1122	
CITY-ST-ZIP	RICHMOND VA 23219	

TITLE	D	<input type="checkbox"/> Delete
NAME	FRALIN, W HEYWOOD	
STREET ADDRESS	2917 PENN FOREST BLVD	
CITY-ST-ZIP	ROANOKE VA	

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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STREET ADDRESS		
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90055 024 ****61.25

1/17/01 804-992-4848