

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000761

1. Entity Name

UNIVERSITY DELIVERANCE OUTREACH PROGRAMS, INC.

Principal Place of Business

1440 SOUTHEAST 4TH STREET
GAINESVILLE FL 32601

Mailing Address

1440 SOUTHEAST 4TH STREET
GAINESVILLE FL 32601

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

59-3623606

Applied For

Not Applicable

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

WHITEHEAD, DARRYL
1440 SOUTHEAST 4TH STREET
GAINESVILLE FL 32601

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE | ADDITION |
|-------|--------------------|---------------------------|----------------------|--------------------------|-------|------|----------------|-------------|--------------------------|--------------------------|
| PD | WHITEHEAD, DARRYL | 317 SOUTHEAST 14TH LANE | GAINESVILLE FL 32601 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| SD | WHITEHEAD, SHEARON | 1440 SOUTHEAST 4TH STREET | GAINESVILLE FL 32601 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| TD | MOSLEY, CAROL | 1744 N.E. 21ST WAY | GAINESVILLE FL 32609 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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]

5-4-01 352-336-2908

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91079 032 *****70.00

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)