2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	UNIFO	RM BUSINE		- JE	CRETARY OF	HATE DA MAKUS					
DOCU	MENT	# N010000019	40]	DIVIS	ion de dones	KA Was			
1. Entity Name FSU.COM/CENTRAL FLORIDA, INC.							031	MY 2 AM	4: 03		
Principal Place THE FLORIDA 220 WESTCO TALLAHASSEI	STATE UNIV	ERSITY	Mailing Address THE FLORIDA STATE UNIVERSITY 220 WESTCOTT BLDG TALLAHASSEE, FL 32306-1470		<u> </u>		4121 111 111	l Shim Suist maiu (Sii)	1 might gare 1982		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF I	MAKING CHANGES			
City & State			City & State			4. FEI Number			opiled For of Applicable		
Zip	Zip Country		103		untry	5. Certificate of St	atus Desired	□ \$8.75 Add Fee Require			
		and Address of Current R		3	Name C I	7. Name and Add					
MCFARLAI	N, RICHARI	D C	13/2/12	-	11am 6-L1	EASON,	GKEGG	_A			
220 WEST	DA STATE	UNIVERSITY	TONE STU		THE F	LORIDA	STATE	UNIVERS	ITY		
TALLAHAS	SEE, FL 32	2306-14760 KENED	8 APR 21		424	WESTCOT	T BLT) G			
		MVOODS RECORDECTE	AIR A		CITALL	AHASSE	EE	FL 323	6-1400		
 The above the obligat 	named entity ions of regist	y submits this statement of the	the purgose of changing its i	registere	ed office or register	red agent, or both, in	the State of Florida	a. I am familiar with,	and accept		
MCFARLAIN, RICHARD C THE FLORIDA STATE UNIVERSITY 220 WESTCOTT BLDG TALLAHASSEE, FL 32306-1470 RECEIVED NOTE RECEIVED A. THE FLORIDA STATE UNIVERSITY 42.4 WESTCOTT BLDG City TALLAHASSEE The above named entity submits this statemental the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the if applicable. SIGNATURE SIGNATURE Signature hyperior banks name of registered agent and the if applicable. (NOTE Registered Agents signature required when reinstating) DATE											
FILE NOW FEERIS \$61:25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Florida Department of State											
10.	D	OFFICERS AND DIRE	Delete	11. 101.8		ADDITIONS/CHANG	ES TO OFFICERS	Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP	FALK, JA' 86 W. UNI	Y M.D. DERWOOD ST. D, FL 32806	LJ Dekæ	NAMI STRB				Creatige			
TITLE NAME STREET ADDRESS CITY-ST-ZP	1731 SAN	JOHN M.D. TA MARIA PLACE D. FL 32806	☐ Delete		;			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZP	D HILL, MOI FSU COLI	LIE	Delete	TITLE NAME STRB			<u> </u>	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-2P	D MORRISO 2400 BED		☐ Delete	TITLE NAME STREET	:			LIND CONTRACTOR	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZP	!	J. O M.D. LEGE OF MEDICINE AD SSEE, FL 323064300	De Delete MIN BLDG.		1			D 12: 0	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	C/TY-	ET ADDRESS -ST-ZIP			C) [] Chiange	Addition		
12. I hereby certify that the Information supplied with this filling 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.											
SIGNAT	URE: 🕽	SCHATUPE AND TUPE OF A	NTED NAME OF SIGNING OFFICER O		3/11	103	850-644-	8936			
		SIGNATURE AND TYPED OR PRI	MI EU PARIL OF SIGNING OFFICER O	H MHECT	OH		Clarini Clarini	Caylime Phone #	}		

NPPPJT4 - 04 RUN DATE 03/18/2003 AS OF 03/18/2003 PLAIR - CENTRAL ACCOUNTING

OSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

JUDIT LOCATION - STATEWIDE

LO 450000 - DEPARTMENT OF STATE

- DEPARTMENT OF STATE

OLO 492000 - FLORIDA STATE UNIVERSITY

SITE 00 - FL STATE UNIV-PAYABLES & DISBURSEMENTS S

(850)644-9645

WDN 53000176960

ADOCNO V028198

			BENEFITTING DATA				
ACCOUNT CODE	CF · TC OBJECT	AMOUNT	ACCOUNT CODE	CF TC	OBJECT		
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9 10 1 000210 48900100 21 040000 00	25 4993	183.75	45 50 2 130001 45300100	00 000100 00 45			
			INVOICE # 000001940	61.25			
		•	INVOICE # 000001941	61.25			
			INVOICE # 000008428	61.25			
PANSACTION CODE TOTAL - 25	183.75	45 183.7	75	 クロ・			

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