

# 2002 UNIFORM BUSINESS REPORT (UBR)

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0002043

DOCUMENT # N01000008428

1. Entity Name

FSU.COM/BIG BEND OF FLORIDA, INC.

Principal Place of Business

FLORIDA STATE UNIVERSITY  
211 WESTCOTT BUILDING  
TALLAHASSEE FL 32306-1470

Mailing Address

FLORIDA STATE UNIVERSITY  
211 WESTCOTT BUILDING  
TALLAHASSEE FL 32306-1470

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

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

McFARLAIN, RICHARD C  
FLORIDA STATE UNIVERSITY  
211 WESTCOTT BUILDING  
TALLAHASSEE FL 32306-1470

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  
See attached ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
600005452136--8  
-05/06/02--01021--022  
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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: X

*Signature of Richard C. McFarlain*

4/23/02 (850) 644-4903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)

**Initial Board Members of the FSU.COM/Big Bend, Inc.**

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TMH Family Practice Residency  
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