UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100008428

1. Entity Name 3



FSU-COM/BIG BEND OF FLORIDA, INC.						SECRETARY OF STATE DIVISION OF CORPORA ****				
Principal Place of FLORIDA STATE UI 211 WESTCOTT BU TALLAHASSEE FL 3	iniversity Uilding	Mailing Address FLORIDA STATE UNIVERSITY 211 WESTCOTT BUILDING TALLAHASSEE FL 32306-1470			03 MAY - 2 AM 4: 04					
2. Principal Place	e of Business	3. Mailing Address		· · · · · · · · · · · · · · · · · · ·						
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.				[☐ CHECK H	IERE IF MAKI	NG CHANGES	3
City & State		City & State	·		_	4. FEI Number	NOT API	PLICABLE	 }	pplied For ot Applicable
Zip	Country	Zip	Cou	ntry		5. Certificate of	of Status Desi	red []	\$8.75 Ad	Iditional
	6. Name and Address of Current R	egistered Agent	I			7. Name and	Address of N	lew Registere	d Agent	···
MCEARLAIN	RICHARD C	3				ASON,	GRE	GG 1	٦.	
MCFARLAIN, RICHARD C FLORIDA STATE UNIVERSITY		311173				OR IDA			IVERS	ITY
TALLAHASSE	OTT BUILDING EE FL 32306-1470 ED RECEIVED INVOICED RECEIVED	A 373	103	4 2 City_		WESTC		BLD	■ Zip Coc	de
	MOTOED	APPROVITZ				AHASS		F	<u> </u>	06-140
the obligations	med entity subplits this statement for	toe purpose privanancing πs re	egistere	d office or	r registere	ed agent, or both	, in the State	of Florida. I ai	n familiar with,	and accept
SIGNATURE	Lingsy + . ,	Wester						3/11	103	
Signa	nature, typed or printed amount registered agent an	d lifte if applicable. (NOTE:)	Registered	Agent signati	ure required s	when reinstating)		DATE		
FILE	E NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co	•	_		\$5.00 May Be Added to Fees	F	Make Che lorida Depa	ck Payable artment of	
10.	OFFICERS AND DIRE	CTORS	11.		А	DDITIONS/CHA	NGES TO OF	FICERS AND	DIRECTORS IN	N 10
STREET ADDRESS 130	TLES, ALMA M.D. 01 HODGES DRIVE LLAHASSEE FL 32308	☐ Delete		T ADDRESS . St-zip					Change	☐ Addition
STREET ADDRESS P.C	OGAN, JOHN O. BOX 15349 LLAHASSEE FL 32317-5349	☐ Delete	B	T ADDRESS ST-ZIP					☐ Change	☐ Addition
STREET ADDRESS 262	DUSH, SHARON 26 CAPITAL MEDICAL BLVD LLAHASSEE FL 32308	☐ Delete		T ADDRESS ST-ZIP				EN HAS	SU CO	☐ Addition
STREET ADDRESS FSI	NRIS, J O U COLLEGE OF MEDICINE ADM LLAHASSEE FL 32306-4300	Delete Instration	TITLE NAME STREE CITY-S	t address St-Zip				н P 12:	PAYAP PAYAP	☐ Addition
STREET ADDRESS 160 CITY-ST-ZIP TAL	DLL, AVON M.D. 09 PHYSICIANS DRIVE LLAHASSEE FL 32308	□ Delete	NAME STREET	TADDRESS ST-ZIP				00	Change	☐ Addition
STREET ADDRESS 151 CITY-ST-ZIP TAL	RSCH, MARJORIE M.D. 15 OLD BAINBRIDGE ROAD LLAHASSEE FL 32303 (y that the information supplied with the	Delete	CITY-S		od in Cas	tion 110 07/0//	Elorida Str.	doe I first	Change	Addition

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3/11/03 850 6 4 4 - 8 736

Date Dayline Phone #

FILED

PPJT4 04 RUN DATE 03/18/2003 AS OF 03/18/2003

ISTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

JDIT LOCATION - STATEWIDE

_O 450000 ~ DEPARTMENT OF STATE

- DEPARTMENT OF STATE

OLO.

492000 - FLORIDA STATE UNIVERSITY

SITE

00 - FL STATE UNIV-PAYABLES & DISBURSEMENTS S

(850) 644-9645

DN S3000176960

ADOCNO V028198

						BENEFITTING DATA					
ACCOUNT CODE	CF	TC	OBJECT		AMOUNT	ACCOUNT CODE	. SF	TC OBJECT			
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						INVOICE # 000001941 INVOICE # 000008428	. 61.25 61.25				
ANSACTION CODE TOTAL - 25		183	3.75	45	183	.75	6				
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