


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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91185 017 \*\*\*\*61.25

<b>DOCUMENT # N02000002107</b>					
<b>1. Entity Name</b> <b>UNIVERSITY OF ST. AUGUSTINE FOR HEALTH SCIENCES</b> <b>ALUMNI ASSOCIATION, INC.</b>					
<b>Principal Place of Business</b> 1 UNIVERSITY BLVD. ST. AUGUSTINE FL 32086-5783			<b>Mailing Address</b> 1 UNIVERSITY BLVD. ST. AUGUSTINE FL 32086-5783		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		<b>4. FEI Number</b> <input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<del>COOK, JULIE T</del> <del>LOFALO, DAN</del> <b>1 UNIVERSITY BLVD.</b> <b>ST. AUGUSTINE FL 32086-5783</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE <u><i>[Signature]</i></u> <b>DATE</b> <u>4/1/03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	Acting President	LISA CHASE	11 SEA OAKS DR. St. Augustine, FL 32080		
	Delete <input type="checkbox"/>		D		
	Vice President	JESSICA BERGER	3010 SW LUDLOW TRAIL Palm City, FL 34990		
	Delete <input type="checkbox"/>		D		
	TREASURER	FRANK FEARON	4840 MCCOY CIRCLE Cumming, GA 30040		
	Delete <input type="checkbox"/>		D		
<b>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.</b>					
SIGNATURE: <u><i>[Signature]</i></u>			<b>4/1/03</b> Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>826-0084</b> Daytime Phone #		

CR2E037 (10/02)