


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State


04-20-2005 90317 025 ****61.25

DOCUMENT # N04000005797 1. Entity Name UNIVERSITY OF FLORIDA INVESTMENT CORPORATION					
Principal Place of Business ROOM 123, TIGERT HALL UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611-3125			Mailing Address PO BOX 113125 GAINESVILLE, FL 32611-3125		
2. Principal Place of Business 100 NW 20th Street		3. Mailing Address P.O. Box 14225			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Gainesville, FL		City & State Gainesville, FL		4. FEI Number 20-1226494	
Zip 32603-1753		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNARD, PAMELA J ROOM 123, TIGERT HALL UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611-3125		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input type="checkbox"/> Delete S. Andrew Banks 22 Church Street, Phase 1 Washington Mall Hamilton HM 11 Bermuda		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input type="checkbox"/> Addition J. Bernard Machen 226 Tigert - Box 11315 Gainesville, FL 32611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Partner <input type="checkbox"/> Delete Craig C. Cohen 1225 17th Street, Suite 2500 Denver, CO 80202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Finance & Administration <input type="checkbox"/> Change <input type="checkbox"/> Addition J. Edward Poppell 204 Tigert Hall - Box 113100 Gainesville, FL 32611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Jerry W. Davis 8210 Bahia Blanca Court Jacksonville, FL 32256-7392		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition Paul A. Robell Executive Vice President Gainesville, FL 32603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Director <input type="checkbox"/> Delete M. Ann O'Brien 231 LaSalle Street, C/O Bank of America Chicago, IL 60697		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Executive Office <input type="checkbox"/> Change <input type="checkbox"/> Addition Alan S. Pareira 9130 S. Dadeland Blvd., Suite 1704 Miami, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman & CEO <input type="checkbox"/> Delete Earl W. Powell 2665 S. Bayshore Drive, 8th Floor Miami, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice President & CFO <input type="checkbox"/> Change <input type="checkbox"/> Addition William J. Robinson Shands Health Care, Box 100327 Gainesville, FL 32610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Professor <input type="checkbox"/> Delete Michael D. Ryngaert P.O. Box 117168 Gainesville, FL 32611-7168		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Chief Investment <input type="checkbox"/> Change <input type="checkbox"/> Addition Michael D. Smith 100 NW 20th Street, 3rd Floor Gainesville, FL 32603-1753	
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: <i>Peter H. Landauer</i> PETER H. LANDAUER 4/15/05 352-392-5917 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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ATTACHMENT

20039426

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Operating Officer <input type="checkbox"/> Delete Peter H. Landauer 100 NW 20th Street, 3rd Floor Gainesville, FL 32603-1753			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Delete Kimberly L. Ross 100 NW 20th Street, 3rd Floor Gainesville, FL 32603-1753			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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