2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

1. Entity Name UNIVERSITY OF FLORIDA INVESTMENT CORPORATION						J4-20-2005 9	0031 / 023	5 *****61	.25
Principal Place of Business ROOM 123, TIGERT HALL UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611-3125			2611-3125		 		I elmi elfri siir	1 12010 12111 101	EJITI BI JOON
2. Principal Place of Business		3. Mailing Address							
100 NW 20th Street Suite, Apt. #, etc.		P.O. Box 14225 Suite, Apt. #, etc.							
		Outo, Apr. #, etc.		·	04152005	Chg-NP	CR2E037	7 (10/03)	
City & State Gainesville, FL		City & State Gainesville, FL			4. FEI Number 20-1226				oplied For of Applicable
32603-1753 Country USA		32604-2425			5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BERNARD, PAMELA J				Name					
ROOM 123, TIGERT HALL UNIVERSITY OF FLORIDA			Stre	Street Address (P.O. Box Number is Not Acceptable)					
GAINESVILLE, FL 32611-3125									· -
			City	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	Signature, typed or printed name of registered age	and and title if enables ble	Si		 			-	·
	Signature, typed or printed haine or registered age	static and trappicative. (NOIC	Hegistered Agent s	agnature required	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund C	paign Financii		\$5.00 May Be Added to Fees		DATE ake check da Departr		
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND D	9. Election Cam Trust Fund C	paign Financii ontribution.	ng 🗆	\$5.00 May Be Added to Fees	Flori	ake check da Departr	nent of SI ECTORS IN	tate
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Entereby 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: 10th H. Land Guer VETE

PETER H. LANDAUER

1/15/05 352-392-5917

Daytime Phone #

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT DOCUMENT # N04000005797 UNIVERSITY OF FLORIDA INVESTMENT CORPORATION 20039426 Principal Place of Business Mailing Address **ROOM 123, TIGERT HALL** PO BOX 113125 UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611-3125 GAINESVILLE, FL 32611-3125 2. Principal Place of Business 3. Mailing Address 100 NW 20th Street P.O. Box 14225 Suite, Apt. #, etc. Suite, Apt: #, etc. 04152005 Chg-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Number Gainesville, FL Gainesville, FL 20-1226494 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32603-1753 USA 32604-2425 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERNARD, PAMELA J Street Address (P.O. Box Number is Not Acceptable) **ROOM 123, TIGERT HALL** UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611-3125 City Zip Code FI 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. See Page 1 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Chief Operating Officer Delete TITLE □ Change ☐ Addition NAME Peter H. Landauer NAME STREET ADDRESS STREET ADDRESS 100 NW 20th Street, 3rd Floor CITY-ST-ZIP CITY-ST-ZIP Gainesville, FL 32603-1753 ☐ Delete TITLE TITLE ☐ Change Secretary Addition NAME Kimberly L. Ross STREET ADDRESS 100 NW 20th Street, 3rd Floor STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Gainesville, FL 32603-1753 Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: See Page 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone