


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90031 034 ****61.25

DOCUMENT # N04000005797 1. Entity Name UNIVERSITY OF FLORIDA INVESTMENT CORPORATION					
Principal Place of Business SUN CENTER WEST 235 S MAIN ST #206 GAINESVILLE, FL 32601 US				Mailing Address SUN CENTER WEST 235 S MAIN ST 206 GAINESVILLE, FL 32601 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1226494	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FORD, MICHAEL W 123 TIGERT HALL UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611-3125				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	C BANKS, ANDREW S 22 CHURCH ST, PHASE 1 WASHINGTON MALL HAMILTON, BERMUDA, HM11	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Finance & Administration Poppell, J. Edward U of F, 226 Tigert - Box 113100 Gainesville, FL 32611
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, CRAIG C 1225 17TH ST STE 2500 DENVER, CO 80202	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP + CFO Robinson, William J. Shands Healthcare, Box 100327 Gainesville, FL 32610
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD O'BRIEN, M. ANN 231 LASALLE ST, C/O BANK OF AMERICA CHICAGO, IL 60697	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP Robell, Paul A. EAT, 1938 West University Ave Gainesville, FL 32603
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO POWELL, EARL W 2665 S BAYSHORE DR 8TH FLOOR MIAMI, FL 33133	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Professor Ryngaert, Michael D. Warrington College of Business, PO Box 117168 Gainesville, FL 32611-7168
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACHEN, J. BERNARD 226 TIGERT- BOX 113150 GAINESVILLE, FL 32611	<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	CEO PAREIRA, ALAN S 9130 S. DADELAND BLVD., SUITE 1704 MIAMI, FL 33156	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Peter Landauer</u> PETER LANDAUER				1/10/08 352-392-5917	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	