

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90454 040 \*\*\*\*70.00

**DOCUMENT # N05000010987**

1. Entity Name  
**THE UNIVERSITY OF NORTH FLORIDA FINANCING CORPORATION**



Principal Place of Business  
**4567 ST. JOHNS BLUFF ROAD SOUTH,  
J.J. DANIEL HALL, SUITE 2800  
JACKSONVILLE, FL 32224**

Mailing Address  
**4567 ST. JOHNS BLUFF ROAD SOUTH,  
J.J. DANIEL HALL, SUITE 2800  
JACKSONVILLE, FL 32224**

**40091335**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**42-1683752**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**SHUMAN, SHARI A  
4567 ST JOHNS BLUFF ROAD SOUTH  
JACKSONVILLE, FL 32224-2648**

## 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

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  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete  
NAME **SERKIN, HOWARD**  
STREET ADDRESS **225 WATERS STREET SUITE 1250**  
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **D** ☐ Delete  
NAME **SHYMAN, SHARI A**  
STREET ADDRESS **4567 ST JOHNS BLUFF ROAD CHURCH**  
CITY-ST-ZIP **JACKSONVILLE, FL 322242648**

TITLE **S** ☐ Delete  
NAME **DELANEY, JOHN A**  
STREET ADDRESS **4567 STJOHNS BLUFF ROAD SOUTH**  
CITY-ST-ZIP **JACKSONVILLE, FL 322242648**

TITLE **T** ☐ Delete  
NAME **HOLLEY, MAC**  
STREET ADDRESS **225 WATERS STREET STE 1250**  
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition  
NAME **Shuman, Shari A.**  
STREET ADDRESS **4567 St. Johns Bluff Road, South**  
CITY-ST-ZIP **Jacksonville, FL 32224-2468**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Change ☐ Addition  
NAME **Holley, Mac**  
STREET ADDRESS **4567 St. Johns Bluff Road, South**  
CITY-ST-ZIP **Jacksonville, FL 32224-2468**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Shari Shuman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/07**

Date

**904-600-4727**

Daytime Phone #

ATTACHMENT  
40091335

University of North Florida  
FINANCING CORPORATION, INC.  
J.J. Daniel Hall, Room 1800 • (904) 620-2790

## CHECK REQUISITION

Remit-

#N05000010987

### I. Check Information and Justification:

Date: 4/26/2007

Check Payable To: Florida Department of State

Check Amount \$ 70.00

Address: Division of Corporation, P.O. Box 1500

Social Security No. \_\_\_\_\_

City, State ZIP: Tallahassee, FL 32302-1500

or

Instructions: Submit this completed form, two copies and an invoice.

Federal Employer I.D. No. 50-0001146

Description of Goods or Services:

UNF Financing Corporation - 2007 Not For Profit Corporation annual Report - Document Number N05000010987  
Annual Corporation Fee

Benefit Higher Education: \_\_\_\_\_

### II. Account/Department Information and Authorization:

Account No. 0110-1000-00-6004

Account Name: Financing Corporation

Requested by: Sheila R. Konnully

Department: Financing Corporation

Extension: 2790

Authorized by:

Typed Name: Beverly Evans

Signature: \_\_\_\_\_

Date

Second Authorization (Required if Payee and Authorized by are same person):

Typed Name: \_\_\_\_\_

Second Signature: \_\_\_\_\_

Date

### III. Check Distribution:

☐ Mail check. (Note: Original and one copy of receipt(s) or invoice. The copy will be mailed with check.)

☐ Call to pick up check. (Name) \_\_\_\_\_ Ext. \_\_\_\_\_

Call one of the following UNF departments for check pick-up:

☐ Follett Bookstore

☐ UNF Cashier's Office

☐ UNF Ticket Box Office

☐ Chartwell's

☐ UNF Parking Services

☐ UNF Travel Office

☐ UNF Auxiliary Services

☐ UNF Payroll Office

☐ University Center

☐ UNF Information Technology Services

☐ UNF Physical Facilities

(Note: Dept. Check Req. copy will be mailed to the department)

☐ Other: \_\_\_\_\_

### TRAINING & SERVICES INSTITUTE ACCOUNTING USE ONLY

Check Stub			Invoice Distribution	
Description	Amount	Invoice	G/L Code	Amount
UNF - Financing - Doc # N05000010987	70.00	YR 2007	6003	70.00
Total Amount: \$ 70.00			Total Amount: \$ 70.00	

Make copies before filling.

No. Copies:

1-Non-cash Fringe benefit

1-IRS 1099 (GL5101, etc.)

1-Prepaid Expenses (GL1820)

2-Fixed Asset (GL5359)

2-Moving Expenses (GL6350)

Sheila R. Konnully

Prepared by

Date

Approval for DE

Date

Trace No. 37

Check No. \_\_\_\_\_

Date: \_\_\_\_\_

TSI Accounting Management Approval  
Required if \$15,000 or greater.

Date

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ /Mailed to Payee (Date): \_\_\_\_\_