

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16276

FILED  
Feb 16, 2012  
Secretary of State

**Entity Name:** UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

223 GRINTER HALL  
GAINESVILLE, FL 326115500 US

**New Principal Place of Business:**

288 GRINTER HALL  
GAINESVILLE, FL 326115500 US

**Current Mailing Address:**

PO BOX 115500  
GAINESVILLE, FL 326115500

**New Mailing Address:**

PO BOX 115500  
GAINESVILLE, FL 326115500 US

**FEI Number:** 59-2729133

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PHILLIPS, WINFRED M DR.  
223 GRINTER HALL  
GAINESVILLE, FL 326115500 US

**Name and Address of New Registered Agent:**

PHILLIPS, WINFRED M DR.  
204 TIGERT HALL  
GAINESVILLE, FL 326113100 US

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.

SIGNATURE:

02/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PHILLIPS, WINFRED M DR.  
Address: 4140 N.W. 44TH AVE  
City-St-Zip: GAINESVILLE, FL 326064518 US

Title: S  
Name: KOLB, GEORGE C JR  
Address: 8604 SW 66TH LN  
City-St-Zip: GAINESVILLE, FL 326085666 US

Title: D  
Name: MACHEN, BERNARD J DR.  
Address: 2151 W. UNIVERSITY AVENU  
City-St-Zip: GAINESVILLE, FL 32603 US

Title: D  
Name: GUZICK, DAVID S DR.  
Address: 2515 NW 21ST ST  
City-St-Zip: GAINESVILLE, FL 326052931 US

Title: D  
Name: GLOVER, JOSEPH M DR.  
Address: 6002 SW 99TH ST  
City-St-Zip: GAINESVILLE, FL 326088538 US

Title: T  
Name: MCKEE, MICHAEL V  
Address: 3910 NW 67TH PL  
City-St-Zip: GAINESVILLE, FL 326538352 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE C. KOLB, JR.

S

02/16/2012

Electronic Signature of Signing Officer or Director

Date