

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25774

1. Entity Name

THE FACULTY OF THE UNIVERSITY OF FLORIDA COLLEGE

Principal Place of Business

Mailing Address

DR. C. SUMNERS  
BOX 100274, UF COLLEGE MED  
GAINESVILLE FL 32610

DR. C. SUMNERS  
BOX 100274, UF COLLEGE MED  
GAINESVILLE FL 32610-0274

2. Principal Place of Business

Box 100266, UF Coll. of Med.

3. Mailing Address

Box 100266, UF Coll. of Med.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Gainesville, FL

City & State  
Gainesville, FL

4. FEI Number

59-2890684

Applied For

Not Applicable

Zip  
32610-0266

Country  
USA

Zip  
32610-0266

Country  
USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMNERS, COLIN DR  
1600 SW ARCHER RD., PHYSIOLOGY  
BOX 100274, UF COLLEGE OF MEDICINE  
GAINESVILLE FL 32610

Name  
Condit, Richard, Dr.

Street Address (P.O. Box Number is Not Acceptable)  
1600 SW Archer Rd., R2208, ARB

City  
Gainesville,

FL

Zip Code  
32610-0266

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.

SIGNATURE

*Richard Condit*

4/24/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITILE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
HOCKING, MICHAEL  
4004 SW 84TH ST  
GAINESVILLE FL  
☒ Delete

TITILE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
Duckworth, Donna  
1600 SW Archer Rd., R3293, ARB  
Gainesville, FL 32610-0266  
☐ Change ☒ Addition

TITILE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
SUMNERS, COLINS  
2010 SW 77TH TERRACE  
GAINESVILLE FL 32607  
☒ Delete

TITILE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Condit, Richard  
1600 SW Archer Rd., R2208, ARB  
Gainesville, FL 32610-0266  
☐ Change ☒ Addition

TITILE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
NEWMAN, ROBERT  
214 NE 9TH AVE.  
GAINESVILLE FL  
☒ Delete

TITILE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
Chesrown, Sarah  
1600 SW Archer Rd., D2-15, JHMHC  
Gainesville, FL 32610-0296  
☐ Change ☒ Addition

TITILE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SAEED, KHAN  
3504 SW 1ST WAY  
GAINESVILLE FL  
☐ Delete

TITILE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
☒ Change ☐ Addition

TITILE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
KALRA, SATYA  
2436 NW 23RD AVE  
GAINESVILLE FL 32605  
☐ Delete

TITILE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
☒ Change ☐ Addition

TITILE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WILLIAMS, JONATHAN L  
2025 NW 24TH AVENUE  
GAINESVILLE FL 32605  
☐ Delete

TITILE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
☒ Change ☐ Addition

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:

*Signature of Richard Condit*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 10, 2000 8:00 am  
Secretary of State

05-10-2000 90115 031 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE