

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25774

1. Entity Name

THE FACULTY OF THE UNIVERSITY OF FLORIDA COLLEGE

Principal Place of Business

BOX 100266, UF COLL. OF MED.
GAINESVILLE FL 32610-0266

Mailing Address

BOX 100266, UF COLL. OF MED.
GAINESVILLE FL 32610-0266

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CONDIT, RICHARD DR.
1600 SW ARCHER RD., R2208, ARB
GAINESVILLE FL 32610-0266

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.

SIGNATURE

Richard C. Condit

Richard C. Condit

4/24/01

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DUCKWORTH, DONNA 1600 SW ARCHER RD, R3293 ARB GAINESVILLE FL 32610-0266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CONDIT, RICHARD 1600 SW ARCHER RD, R2208 ARB GAINESVILLE FL 32610-0266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHESROWN, SARAH 1600 SW ARCHER RD, D2-15 JHMC GAINESVILLE FL 32610-0266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAEED, KHAN 3504 SW 1ST WAY GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KALRA, SATYA 2436 NW 23RD AVE GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAMS, JONATHAN L 2025 NW 24TH AVENUE GAINESVILLE FL 32605	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KOSCH, SHAE 625 SW 4 AVE Gainesville, FL, 32610-3588 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, JONATHAN 1600 SW ARCHER RD, 6395 PSB GAINESVILLE, FL, 32610-0374 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARE SALZLER, MICHAEL 1600 SW ARCHER RD, GAINESVILLE FL, 32610-0275 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KALRA, SATYA 1600 SW ARCHER RD, L4-177, UFBI GAINESVILLE, FL, 32610-0244 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

Richard C. Condit Richard C. Condit

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01

352-
392-3128

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90077 002 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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