

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90054 037 \*\*\*\*61.25

**DOCUMENT # N25774**

1. Entity Name

**THE FACULTY OF THE UNIVERSITY OF FLORIDA COLLEGE  
OF MEDICINE, INCORPORATED**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2890684**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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

TITLE NAME ☐ Delete  
**DUCKWORTH, DONNA**  
STREET ADDRESS **1600 SW ARCHER RD, R3293 ARB**  
CITY-ST-ZIP **GAINESVILLE FL 32610-0266**

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

S TITLE NAME ☐ Delete  
**CONDIT, RICHARD**  
STREET ADDRESS **1600 SW ARCHER RD, R2208 ARB**  
CITY-ST-ZIP **GAINESVILLE FL 32610-0266**

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

V TITLE NAME ☐ Delete  
**KOSCH, SHAE**  
STREET ADDRESS **625 SW 4TH AVE**  
CITY-ST-ZIP **GAINESVILLE FL 32610-3588**

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

D TITLE NAME ☐ Delete  
**WILLIAMS, JONATHAN**  
STREET ADDRESS **1600 SW ARCHER RD G-395 PSB**  
CITY-ST-ZIP **GAINESVILLE FL 32610-0374**

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

D TITLE NAME ☐ Delete  
**CLARE SALZLER, MICHAEL**  
STREET ADDRESS **1600 SW ARCHER RD**  
CITY-ST-ZIP **GAINESVILLE FL 32610-0275**

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

P TITLE NAME ☐ Delete  
**KALRA, SATTA**  
STREET ADDRESS **1600 SW ARCHER RD L4-177 UFBI**  
CITY-ST-ZIP **GAINESVILLE FL 32610-0244**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/19/02 352/392-3128**

Date Daytime Phone #

CR2E037 (9/01)