

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90145 005 \*\*\*\*\*61.25

**DOCUMENT # N25774**

1. Entity Name

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



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

P.O. Box 100294

Suite, Apt. #, etc.

U.F. Coll of Med.

City & State

Gainesville FL

Zip

32610-0294

Country

USA

3. Mailing Address

P.O. Box 100294

Suite, Apt. #, etc.

U.F. Coll of Med.

City & State

Gainesville FL

Zip

32610-0294

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2890684**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

Gregory Schultz

Street Address (P.O. Box Number is Not Acceptable)

1600 SW Archer Rd M337 MSB

City

Gainesville

FL

Zip Code

32610-0294

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

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

Gregory Schultz

4/28/03

(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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DUCKWORTH, DONNA	
STREET ADDRESS	1600 SW ARCHER RD, R3293 ARB	
CITY-ST-ZIP	GAINESVILLE FL 32610-0266	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CONDIT, RICHARD	
STREET ADDRESS	1600 SW ARCHER RD, R2208 ARB	
CITY-ST-ZIP	GAINESVILLE FL 32610-0266	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOSCH, SHAE	
STREET ADDRESS	625 SW 4TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32610-3588	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JONATHAN	
STREET ADDRESS	1600 SW ARCHER RD G-395 PSB	
CITY-ST-ZIP	GAINESVILLE FL 32610-0374	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARE SALZLER, MICHAEL	
STREET ADDRESS	1600 SW ARCHER RD	
CITY-ST-ZIP	GAINESVILLE FL 32610-0275	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KALRA, SATTA	
STREET ADDRESS	1600 SW ARCHER RD L4-177 UFBI	
CITY-ST-ZIP	GAINESVILLE FL 32610-0244	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chesrown, Sarah	
STREET ADDRESS	1600 SW Archer Rd, D2-15	
CITY-ST-ZIP	Gainesville FL 32610-0296	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schultz, Gregory	
STREET ADDRESS	1600 SW Archer Rd, M337 MSB	
CITY-ST-ZIP	Gainesville FL 32610-0294	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burg, Mary Ann	
STREET ADDRESS	706 SW 4th Ave	
CITY-ST-ZIP	Gainesville FL 32610-3588	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Driscoll, Daniel	
STREET ADDRESS	1600 SW Archer Rd, R6-240 ARB	
CITY-ST-ZIP	Gainesville FL 32610-0296	

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: *Gregory Schultz* **SIGNATURE REQUIRED**

4/28/03

352-392-4060

CR2E037 (10/02)