

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90177 013 ****61.25

DOCUMENT # N47055
 1. Entity Name
UNIVERSITY OF FLORIDA LEADERSHIP AND EDUCATION F

Principal Place of Business Mailing Address
1008 MCCARTY HALL **PO BOX 110180**
UF **GAINESVILLE FL 32611-0180**
GAINESVILLE FL 32611-0180 **US**
US

00004838



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
NOT APPLICABLE Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JOYCE, DR JOSEPH C
1008 MCCARTY HALL
UF
GAINESVILLE FL 32611

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 _____
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 | PD | <input type="checkbox"/> Delete |
| NAME | BUTLER, SCOTTIE J | |
| STREET ADDRESS | 5700 SW 34TH ST | |
| CITY-ST-ZIP | GAINESVILLE FL 32608 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | HINTON, CHARLES F | |
| STREET ADDRESS | 1305 W HAINES ST. | |
| CITY-ST-ZIP | PLANT CITY FL 33564 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | SMALLWOOD, CLAY | |
| STREET ADDRESS | P.O. BOX 908 | |
| CITY-ST-ZIP | PT. ST. JOE FL 32457 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BARTHLE, JEANETTE | |
| STREET ADDRESS | 26500 BAYHEAD RD. | |
| CITY-ST-ZIP | DADE CITY FL 33523 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BATSON, GENE | |
| STREET ADDRESS | P.O. BOX 1410 | |
| CITY-ST-ZIP | MT DORA FL 32756 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | STUART, MICHAEL J. | |
| STREET ADDRESS | 4401 E COLONIAL DRIVE | |
| CITY-ST-ZIP | ORLANDO FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|------------------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | MD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Joyce, Joseph C | |
| STREET ADDRESS | 1008 McCarty Hall, UF | |
| CITY-ST-ZIP | Gainesville, FL 32611-0180 | |

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 REQUIRED** 1/10/00 352 392-1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)