

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90142 018 ****61.25

DOCUMENT # N47055

1. Entity Name

UNIVERSITY OF FLORIDA LEADERSHIP AND EDUCATION F

Principal Place of Business

Mailing Address

**1008 MCCARTY HALL
 UF
 GAINESVILLE FL 32611-0180
 US**

**PO BOX 110180
 GAINESVILLE FL 32611-0180
 US**

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOYCE, DR JOSEPH C
 1008 MCCARTY HALL
 UF
 GAINESVILLE FL 32611**

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

Joseph C. Joyce

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

(NOTE: Registered Agent signature required when reinstating)

16/SAM 01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D BROWN, REGINALD L 4401 E Colonial Blvd Orlando FL 32803	<input checked="" 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		<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		<input 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: ~~SIGNATURE REQUIRED~~ *Joseph C. Joyce*, Executive Director *16/SAM 01* 352-392-1971
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

#N47055

812383

Florida Leadership and Education Foundation, Inc. Document #N47055

Officers and Directors (continued)

D Joyce, Joseph C. 1008 McCarty Hall Gainesville, FL 32611-0180	D Larson, Louis E. P O Box 1249 Okeechobee, FL 34973
D Bolusky, Ben 1533 Park Center Drive Orlando, FL 32835	D Leach, Peggy P O Box 488 Lake Placid, FL 33862
D Carlton, Greg HC 61 Box 16 Clewiston, FL 33440	D McKown, Bobby 9640 West Lake Ruby Drive Winter Haven, FL 33884
D Cheek, Jimmy 2001 McCarty Hall, UF Gainesville, FL 32611-0270	D Parrish, Vickie 6151 NW 66th Way Parkland, FL 33067
D Davis, John E. P O Box 457 Fernandina Beach, FL 32035	D Rice, Don 10055 Heritage Blvd. Lake Worth, FL 33467
D English, Beverly P O Box 129 LaBelle, FL 33975	D Roth, Rick P O Box 1300 Belle Glade, FL 33430
D Goforth, Sam H. 104 North Main Street Gainesville, FL 32601	D Smoak, Ed 1025 CR 17 North Lake Placid, FL 33852
D Humes, Molly 245 Park Avenue, 36th Floor New York, NY 10167	D Waddill, Christine T. 1038 McCarty Hall, UF Gainesville, FL 32611-0210
D Kovach, Gap S.R. 540 Waverly FL 33877-0286	D Wedgworth, Dennis P O Box 2076 Belle Glade, FL 33430