FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 04, 2002 8:00 am DOCUMENT # **N47055** Secretary of State 1. Entity Name UNIVERSITY OF FLORIDA LEADERSHIP AND EDUCATION F 02-04-2002 90129 046 \*\*\*\*61 25 OUNDATION, INC. Principal Place of Business Mailing Address 1008 MCCARTY HALL PO BOX 110180 GAINESVILLE FL 32611-0180 GAINESVILLE FL 32611-0180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JOYCE, DR JOSEPH C 1008 MCCARTY HALL UF City Zip Code GAINESVILLE FL 32611 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 Winted name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD (9/01) TITLE ☐ Delete TITLE Change Addition BUTLER, SCOTTIE J NAME NAME 5700 SW 34TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **GAINESVILLE FL 32608** TITLE ☐ Addition ☐ Delete TITLE Change Brown, reginald L NAME NAME 4401 E COLONIAL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-ZIP STD ☐ Addition TITLE ☐ Delete TITLE Change SMALLWOOD, CLAY NAME P.O. BOX 908 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PT. ST. JOE FL 32457 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition BARTHLE, JEANETTE NAME NAME 26500 BAYHEAD RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DADE CITY FL 33523 CITY-ST-ZIP ☐ Delete TITI E TITLE [ ] Change ☐ Addition BATSON, GENE NAME NAME P.O. BOX 1410 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MT DORA FL 32756 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STUART, MICHAEL J. NAME NAME STREET ADDRESS 4401 E COLONIAL DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 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:

The phrom Uoyde, Executive Director

352-392-1971

Davime Phone #

r# N47055

## Florida Leadership and Education Foundation, Inc. Document #N47055

## Officers and Directors (continued)

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D Humes, Molly 245 Park Avenue, 36th Floor New York, NY 10167

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D Wedgworth, Dennis P O Box 2076 Belle Glade, FL 33430