


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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90504 005 ****61.25

DOCUMENT # N47055

1. Entity Name
**UNIVERSITY OF FLORIDA LEADERSHIP AND EDUCATION F
FOUNDATION, INC.**



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



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** Applied For
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joseph C Joyce* **Joseph C Joyce, Executive Director** 01/09/03

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 Florida 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	BROWN, REGINALD L	
STREET ADDRESS	4401 E COLONIAL BLVD	
CITY-ST-ZIP	ORLANDO FL 32803	
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	BATSON, GENE	
STREET ADDRESS	P.O. BOX 1410	
CITY-ST-ZIP	MT DORA FL 32756	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUART, MICHAEL J.	
STREET ADDRESS	4401 E COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Wedgworth, Dennis	
STREET ADDRESS	PO Box 2076	
CITY-ST-ZIP	Belle Glade FL 33430	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Orlando FL 32814	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
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: *Joseph C Joyce* **Executive Director** 01/09/03 352-392-1971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

Florida Leadership and Education Foundation, Inc.
Officers and Directors (continued)

Document #N47055

Attachment

10008446

D

Mr. Ben Bolusky
1533 Park Center Drive
Orlando FL 32835

D

Mr. Scottie J. Butler
PO Box 147030
Gainesville, FL 32614-7030

D

Dr. Jimmy Cheek
PO Box 110270
Gainesville, FL 32611-0270

D

Mr. John E. Davis
PO Box 457
Fernandina Beach, FL 32035

D

Ms. Beverly English
PO Box 129
LaBelle, FL 33975

D

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

D

Mr. Gap Kovach
PO Box K
Waverly, FL 33877-0286

D

Mr. Louis E. Larson
PO Box 1249
Okeechobee, FL 34973

D

Mr. Andy LaVigne
PO Box 89
Lakeland, FL 33802

D

Ms. Peggy Leach
PO Box 488
Lake Placid, FL 33852

D

Mr. Joseph Lembo
1001 20th Place
Vero Beach, FL 32960

D

Ms. Vickie Parrish
6151 NW 66th Way
Parkland FL 33067

D

Mr. Don Rice
PO Box 5559
Lake Worth, FL 33468

D

Mr. Rick Roth
PO Box 1300
Belle Glade, FL 33430

D

Mr. Ed Smoak
1025 CR 17 North
Lake Placid, FL 33852

D

Dr. Christine T. Waddill
PO Box 110210
Gainesville, FL 32611-0210