

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49428

1. Entity Name

PATHOLOGY ALUMNI FOUNDATION, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90268 014 ****61.25

Principal Place of Business	Mailing Address
USF DEPT. OF PATHOLOGY 12901 BRUCE B DOWNS BOX 11 TAMPA FL 33612 US	USF DEPT. OF PATHOLOGY 12901 BRUCE B DOWNS. BOX 11 TAMPA FL 33612-4742 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-3137945	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BALIS, JOHN U. M 12901 BRUCE B DOWNS BLVD., BOX 11 DEPARTMENT OF PATHOLOGY TAMPA FL 33612	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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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: *John M. Balis* **5-3-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)