

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004101

1. Entity Name

NORTH FLORIDA TECHNOLOGY INNOVATION CORPORATION

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90011 019 ****61.25

Principal Place of Business

Mailing Address

2251 NW 41ST ST #E
GAINESVILLE FL 32606
US

2251 NW 41ST ST #E
GAINESVILLE FL 32606-6668
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

59-3265041

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBERTSON, LAWRENCE P
2251 NW 41 ST
SUITE E
GAINESVILLE FL 32606

Name Myers, Gary W

Street Address (P.O. Box Number is Not Acceptable)

2251 NW 41st St., Suite E

City Gainesville

FL

Zip Code 32606

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

GARY MYERS, GARY MYERS, President 2-1-2000

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME OHANIAN, M. JACK
STREET ADDRESS 223 GRINTER HALL, UNIVERSITY OF FLORIDA
CITY-ST-ZIP GAINESVILLE FL 32611

TITLE S ☒ Change ☐ Addition
NAME Ohanian, M. Jack
STREET ADDRESS 300 Weil Hall, UF
CITY-ST-ZIP Gainesville, FL 32611

TITLE CD ☐ Delete
NAME PHILLIPS, WINFRED M
STREET ADDRESS 300 WEIL HALL, UNIVERSITY OF FLORIDA
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☒ Change ☐ Addition
NAME Phillips, Winfred
STREET ADDRESS 223 Grinter Hall, UF
CITY-ST-ZIP Gainesville, FL 32611

TITLE D ☒ Delete
NAME SPROULL, JAMES
STREET ADDRESS PO BOX 310
CITY-ST-ZIP Ocala FL 34478

TITLE D ☐ Change ☒ Addition
NAME Ronald Thornton
STREET ADDRESS 1900 SW 34th St., Suite 206
CITY-ST-ZIP Gainesville, FL 32608

TITLE P ☒ Delete
NAME ALBERTSON, LAWRENCE
STREET ADDRESS 2251 NW 41ST ST #E
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE P ☐ Change ☒ Addition
NAME Gary W. Myers
STREET ADDRESS 2251 SW 41st St., Suite E
CITY-ST-ZIP Gainesville, FL 32606

TITLE D ☒ Delete
NAME DEAN, H EDWARD
STREET ADDRESS PO BOX 1987
CITY-ST-ZIP Ocala FL 34478

TITLE T ☐ Change ☒ Addition
NAME Sam Goforth
STREET ADDRESS 104 N. Main St.
CITY-ST-ZIP Gainesville, FL 32601

TITLE D ☒ Delete
NAME FRED BLUM
STREET ADDRESS 2930 SANDY BRANCH LANE
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE J ☐ Change ☒ Addition
NAME J. Richard Gaintner, MD.
STREET ADDRESS 1600 SW Archer Rd.
CITY-ST-ZIP Gainesville, FL 32610

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:

GARY MYERS, GARY MYERS, President 2-1-00 352-335-2334

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E037 (9/99)