FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 22, 2001 8:00 am DOCUMENT # N94000004101 Secretary of State 1. Entity Name NORTH FLORIDA TECHNOLOGY INNOVATION CORPORATION 01-22-2001 90004 030 ****61.25 Mailing Address Principal Place of Business 2251 NW 41ST ST #E 2251 NW 41ST ST #E GAINESVILLE FL 32606 GAINESVILLE FL 32606 800771 2. Principal Place of Business 3. Mailing Address 2770 NW 43rd St 2770 NW 43rd St Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3265041 ainesuille Not Applicable o a i nesuil! Country \$8.75 Additional 5. Certificate of Status Desired <u>3a606</u> ็นร Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Zrnes t loyer MYERS, GARY W 2251 NW 41 ST SUITE E Zip 500g 606 **GAINESVILLE FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE OHANIAN, M. JACK NAME NAME 300 WEIL HALL, UF STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32611** CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE Change TITLE PHILLIPS, WINFRED M NAME NAME 223 GRINTER HALL, UF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL-32611= Change Addition ☐ Delete TITI F TITLE THORTON, RONALD NAME STREET ADDRESS 1900 SW 34 ST., # 206 STREET ADDRESS CITY-ST-7IP **GAINESVILLE FL 32608** CITY-ST-ZIP Interim Change ☐ Addition TITLE Delete TITLE Ernest Moyer St. Suite C HYERS, GARY W NAME NAME 2251 NW 41ST ST #E STREET ADDRESS STREET ADDRESS Gainesville, FL 32606 CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32606** ☐ Addition ☐ Change TITI F TITLE ☐ Delete GOFORTH, SAM NAME NAME 104 N MAIN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32610** ☐ Change Addition Delete TITLE GAINTNER, RICHARD MD NAME NAME 1600 SW ARCHER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINSEVILLE 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 of 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:

JIRFERNEST MOCKER

1-12-01 (352) 335-2334