

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

0013517

05-17-2001 90026 001 \*\*\*131.25

**DOCUMENT # N94000004998**

1. Entity Name

**ENTERPRISE NORTH FLORIDA CORPORATION**

Principal Place of Business

**7400 BAYMEADOWS WAY  
 STE 201  
 JACKSONVILLE FL 32256  
 US**

Mailing Address

**7400 BAYMEADOWS WAY  
 STE 201  
 JACKSONVILLE FL 32256  
 US**

2. Principal Place of Business

**4905 Belfort Rd  
 Suite Apt. #, etc.  
 110**

3. Mailing Address

**4905 Belfort Rd  
 Suite Apt. #, etc.  
 110**

City & State

**JACKSONVILLE, FL**

City & State

**JACKSONVILLE**

4. FEI Number

**59-3333217**

Applied For

Not Applicable

Zip

**32256**

Country

**USA**

Zip

**FL**

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ROSSITER, ALAN W  
 7400 BAYMEADOWS WAY  
 STE 201  
 JACKSONVILLE FL 32256**

**4905 Belfort Road  
 Suite 110**

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.

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. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete  
 NAME **MCCALLUM, JAMES G**  
 STREET ADDRESS **301 W BAY STE STE 300**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **PD** ☐ Delete  
 NAME **ROSSITER, ALAN W**  
 STREET ADDRESS **7400 BAYMEADOWS WAY STE 201**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **PD** ☐ Delete  
 NAME **CLARKSON, CHARLES**  
 STREET ADDRESS **3100 UNIVERSITY BLVD, STE 200**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☒ Delete  
 NAME **BUSSELLS, WALT**  
 STREET ADDRESS **21 W CHURCH ST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☒ Delete  
 NAME **MALLOT, JERRY**  
 STREET ADDRESS **THREE INDEPENDANT DR**  
 CITY-ST-ZIP **JACKSONVILLE FL 32073**

TITLE **D** ☐ Delete  
 NAME **CANNON, CARL**  
 STREET ADDRESS **PO BOX 1949**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
 NAME **macollum, James G.**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DR. Arnie Heggestad** ☐ Change ☒ Addition  
 NAME **U of Florida**  
 STREET ADDRESS **PO Box 117168**  
 CITY-ST-ZIP **Gainesville, FL 32611**  
**Co-Chair.**

TITLE **C** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DR. Winfred Phillips** ☐ Change ☒ Addition  
 NAME **University of Florida**  
 STREET ADDRESS **PO Box 115500**  
 CITY-ST-ZIP **Gainesville, FL 32611**  
**D**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Jack Smith**  
 STREET ADDRESS **One Independent Drive**  
 CITY-ST-ZIP **Jacksonville FL 32202**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Dr. Sheldon Schuster**  
 STREET ADDRESS **U of Biotechnology Program**  
 CITY-ST-ZIP **P.O. Box 110590, Bldg. 62**  
**Gainesville, FL 32611**

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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)