

DOCUMENT # N98000000568

1. Entity Name

SOUTHEAST BURN FOUNDATION, INC.

Principal Place of Business

633 N.W. 8TH AVENUE
GAINESVILLE FL 32601

Mailing Address

633 N.W. 8TH AVENUE
GAINESVILLE FL 32605-6416

2. Principal Place of Business

901 NW 57th Street

Suite, Apt. #, etc.

3. Mailing Address

901 NW 57th Street

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32605

Country

USA

Zip

32605

Country

USA

4. FEI Number

59-3492595

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOVAY, JOHN C
633 N.W. 8TH AVENUE
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

Bovay, John C.

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

901 NW 57th Street

City

Gainesville

FL

Zip Code

32605

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 John C. Bovay

1/20/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MOZINGO, DAVID	
STREET ADDRESS	633 N.W. 8TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BOWEN, HUNTER	
STREET ADDRESS	633 N.W. 8TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCHAFFEY, RICK	
STREET ADDRESS	633 N.W. 8TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chair/D/	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bowen, Hunter	
STREET ADDRESS	2221 SE 14th Ave, Apt 75	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE	Vice-Chair/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tait, Miki	
STREET ADDRESS	1061 Windwood Way	
CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	Treasurer/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mchaffey, Dick	
STREET ADDRESS	411 N. Main Street	
CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	Secretary/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mozingo, David	
STREET ADDRESS	University of Florida, Dept of Surgery	
CITY-ST-ZIP	PO Box 100286, Gainesville, FL 32610	
TITLE		<input 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		

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:


 Rick Mchaffey Jr.

1/20/00

352-374-5560

Date

Daytime Phone #

CR2E037 (9/99)