

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90032 021 ****61.25

0020188

DOCUMENT # N98000000568

1. Entity Name

SOUTHEAST BURN FOUNDATION, INC.

Principal Place of Business

Mailing Address

901 NW 57TH ST.
 GAINESVILLE FL 32605

901 NW 57TH ST.
 GAINESVILLE FL 32605

2. Principal Place of Business

UF DEPT. OF SURGERY

3. Mailing Address

UF DEPT. OF SURGERY

Suite, Apt. #, etc.

1600 SW ARCHER RD

Suite, Apt. #, etc.

PO BOX 100286

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

Zip

32608

Country

USA

Zip

32610

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

7. Name and Address of New Registered Agent

Name

MAY, WILL

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

913 SE 5TH ST.

City

GAINESVILLE

FL

Zip Code

32601

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

Walter Henry May Jr.

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

(NOTE: Registered Agent signature required when reinstating)

3-8-2001

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 NAME	SD MOZINGO, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	UF DEPT OF SURGERY P.O. BOX 100286	
CITY-ST-ZIP	GAINESVILLE FL 32610	
TITLE NAME	CD BOWEN, HUNTER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2221 SE 14TH AVE APT 75	
CITY-ST-ZIP	OCALA FL 34471	
TITLE NAME	TD MAHAFFEY, DICK	<input type="checkbox"/> Delete
STREET ADDRESS	411 N. MAIN ST	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE NAME	VCD TAIT, MIKI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1061 WINDWOOD WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	CHAIR/D MAY, WILL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	913 SE 5TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE NAME	VICE-CHAIR/D KARST, DEBBIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	MARION CO. FIRE RESCUE 3230 SE MARICAMP RD	
CITY-ST-ZIP	OCALA FL 34471	
TITLE NAME	SECRETARY/D LEMIRE, JEAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	913 SE 5TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

REQUIRED

03/08/01

(352) 374-5560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)