

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

04-09-2001 90042 042 ****61.25

DOCUMENT # N98000000585

1. Entity Name

WE CAN FOR SCLERODERMA, INC.

Principal Place of Business

Mailing Address

UNIVERSITY OF FLORIDA FOOTBALL
P.O. BOX 14485 ATTN: WE CAN
GAINESVILLE FL 32604

UNIVERSITY OF FLORIDA FOOTBALL
P.O. BOX 14485 ATTN: WE CAN
GAINESVILLE FL 32604

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

59-3498617

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

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

City

FL

Zip Code

KING, EMERSON

**104 N. MAIN ST., 5TH FLOOR
GAINESVILLE FL 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

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 ☐ Delete
NAME **DP**
STREET ADDRESS **SPURRIER, JERRI**
CITY-ST-ZIP **12115 NW 1ST LANE
GAINESVILLE FL 32607**

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **STEPHENS, REGINA**
CITY-ST-ZIP **2337 SW 95TH TERRACE
GAINESVILLE FL 32607**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **GLASS, LAURIE**
CITY-ST-ZIP **3443 NW 62 PL
GAINESVILLE FL 32653**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BROADWAY, DIANNE**
CITY-ST-ZIP **505 SW 117 STREET
GAINESVILLE FL 32607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 5-15-01

352-331-
5115

CR2E037 (10/00)