FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90050 044 ****61.25

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DOCUMENT # N98000007061

1. Corporation Name

CCRC DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
13607 NW 50TH AVE GAINESVILLE FL 32606	13607 NW 50TH AVE GAINESVILLE FL 32606

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/11/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3562098 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

REMERT, DAVIS M JR
13607 NW 50TH AVE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☐ DELETE	1.1 TITLE	D.	☐ Change ☐ Addition
NAME	Mr. Frank A. Duckworth		1.2 NAME	Mr. Samuel N. Holloway, Sr.	
STREET ADDRESS	2090 Hunters Crest Way		1.3 STREET ADDRESS	1405 N.W. 13th Street	
CITY-ST-ZIP	Vienna, VA 22181-2840		1.4 CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	VP/D	☐ DELETE	2.1 TITLE	D.	☐ Change ☐ Addition
NAME	Leslie D. Bram, Esquire		2.2 NAME	Dr. Robert A. Levitt	
STREET ADDRESS	University of Florida Foundation - 2012 West		2.3 STREET ADDRESS	4518 N.W. 35th Street	
CITY-ST-ZIP	University Ave., Gainesville, FL 32603		2.4 CITY-ST-ZIP	Gainesville, FL 32605-5415	
TITLE	S/T/D	☐ DELETE	3.1 TITLE	D.	☐ Change ☐ Addition
NAME	Dean Robert G. Frank		3.2 NAME	President John V. Lombardi	
STREET ADDRESS	1600 S.W. Archer Rd., Rm. N1-2		3.3 STREET ADDRESS	University of Florida, 226 Tigert Hall	
CITY-ST-ZIP	Gainesville, FL 32610		3.4 CITY-ST-ZIP	Gainesville, FL 32611	
TITLE		☐ DELETE	4.1 TITLE	D.	☐ Change ☐ Addition
NAME			4.2 NAME	Dean Kathleen A. Long, College of Nursing	
STREET ADDRESS			4.3 STREET ADDRESS	1600 S.W. Archer Rd., Rm. N1-17	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Gainesville, FL 32610	
TITLE	D.	☐ DELETE	5.1 TITLE	D.	☐ Change ☐ Addition
NAME	The Honorable Paula DeLaney		5.2 NAME	Mr. Davis M. Rembert, Jr.	
STREET ADDRESS	75 S.W. 23rd Way		5.3 STREET ADDRESS	13607 N.W. 50th Ave.	
CITY-ST-ZIP	Gainesville, FL 32607		5.4 CITY-ST-ZIP	Gainesville, FL 32606-3562	
TITLE		☐ DELETE	6.1 TITLE	D.	☐ Change ☐ Addition
NAME			6.2 NAME	Dr. E.T. York	
STREET ADDRESS			6.3 STREET ADDRESS	Building 106, Mowry Rd., Box 110850	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Gainesville, FL 32611	

CR2E037 (1/1/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frances D. Bram SIGNATURE REQUIRED 4/13/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #