2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007061

FILED

01 SEP 27 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name
Oak Hammock at the University of Florida
13607 N.W. 50th Ave.
Gainesville, FL 32606

Principal Place of Business	Mailing Address
4817 S.W. 34th Street Gainesville, FL 32608	

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 59-3562098 ☐ 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
Davis M. Rembert, Jr. 13607 N.W. 50th Ave. Gainesville, FL 32606	Name: W. Scott Cole Street Address (P.O. Box Number is Not Acceptable): 123 Tigert Hall, University of Florida City: Gainesville FL Zip Code: 32611

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

400004625664--6
-10/08/01--01005--013
*****61.25 *****61.25
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 / STREET ADDRESS / CITY-ST-ZIP	President of Board of Dir. Mr. Davis M. Rembert, Jr. P,D 13607 N.W. 50th Ave. Gainesville, FL 32606	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Vice President Ms. Leslie D. Bram VP,D 2012 W. University Ave. Gainesville, FL 32603	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Dean Robert G. Frank S,T,D 1600 S.W. Archer Rd., Rm. N1-2 Gainesville, FL 32610	☐ Delete	See attachment for additions	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Dr. Carol Reed Ash D N10123 Hills Miller Health Center Gainesville, FL 32610	☐ Delete		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Dr. Robert A. Bryan D 2012 W. University Ave. Gainesville, FL 32603	☐ Delete	400004625664--6 -10/08/01--01005--014 ******8.75 ******8.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Paula Criser D 4588 Swiloan Bridge Lane North Jacksonville, FL 32224-5617	☐ Delete	LS	☐ Change ☐ Addition

CR2E037 (11/00)

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: Leslie D. Bram Leslie D. Bram, Esq. 9/26/01 (352)392-5499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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2 of 3

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	Name
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Paula Delaney 75 S.W. 23rd Way Gainesville, FL 32607 ☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Dr. Richard A. Gutenkunst 3942 N.W. 25th Circle Gainesville, FL 32606-7435 ☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Mr. Samuel N. Holloway, Sr. 1405 N.W. 13th Street Gainesville, FL 32602 ☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Robert A. Levitt, Ph.D. 10318 S.W. 22nd Ave. Gainesville, FL 32607-3268 ☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Dr. Jeffrey W. Dwyer 1329 Building-Rm.5234 P.O.Box 10017, Gainesville, FL 32610-0177 ☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Dean Kathleen A. Long 1600 S.W. Archer Rd., Rm. 1-N1-17 Gainesville, FL 32610 ☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

See attachment for additions

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SIGNATURE: Leslie D. Bram Leslie D. Bram, Esq. 9/26/01 3523925499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Dr. E.T. York D Box 110850 Gainesville, FL 32611 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Mr. Gerald Schaffer D 8801 S.W. 45th Blvd. Gainesville, FL 32608-4138 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE: Leslie D. Bram Leslie D. Bram, Esq. 9/26/01 352 392 5495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #