

DOCUMENT # P95000025065

Principal Place of Business	Mailing Address
2027 MCGREGOR BLVD FORT MYERS FL 33901	2027 MCGREGOR BLVD FORT MYERS FL 33901-3409

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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Zip	Country	Zip	Country
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE \_\_\_\_\_

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

11.	OFFICERS AND DIRECTORS	12.
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**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THE UNIVERSITY OF CHICAGO**

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent	
O. Box Number is Not Acceptable)	
FL	Zip Code

When reinstating) DATE

10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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[illegible]

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other line empowered.

**SIGNATURE:** Frank Mena Jr 3-20-00 941-332-0464  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #