2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2000 8:00 am Secretary of State DOCUMENT # **P97000067453** SEPIO CAMPUS, INC. 05-04-2000 90151 040 ***150.00 Principal Place of Business Mailing Address UNIVERSITY OF FLORIDA UNIVERSITY OF FLORIDA J WAYNE REITZ UNION C2 J WAYNE REITZ UNION C2 GAINESVILLE FL 32611 GAINESVILLE FL 32611 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3468025 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KIRSCHNER, MAIN, GRAHAM TANNER & DERMONT Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE SUITE 2000 JACKSONVILLE FL 32202 Zip Code FL 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition ☐ Delete TITI F TITLE MURPHY, EDWARD J JR. NAME NAME STREET ADDRESS STREET ADDRESS UNIVERSITY OF FLORIDA CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32611 Delete ☐ Change ☐ Addition TITLE TITLE MURPHY, DANIEL R JR. NAME NAME STREET ADDRESS STREET ADDRESS 4426 PALMETTO INLET WEST CITY-ST-7IF CITY-ST-ZIP GAINESVILLE FL 32277 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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13. I hereby certify that the information supplied with this filling 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

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED HAME OF SIGNING OFFICER OF DIRECT

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17/00 145698