


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90050 044 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000007061**

1. Corporation Name  
**CCRC DEVELOPMENT, INC.**

Principal Place of Business 13607 NW 50TH AVE GAINESVILLE FL 32606	Mailing Address 13607 NW 50TH AVE GAINESVILLE FL 32606
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/11/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3562098
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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: *Leslie D. Bram* **NO AD. R. REQUIRED** 4/13/99 Date Daytime Phone #

CR2E037 (1/198)