

2001 UNIFORM BUSINESS REPORT (UBR)

103

DOCUMENT # N98000007061

1. Entity Name
Gak 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**

FILED

01 SEP 27 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEJ 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

Davis M. Rembert, Jr.
13607 N.W. 50th Ave.
Gainesville, FL 32606

7. Name and Address of New Registered Agent

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* **400004625664--6**
Signature, typed or printed name of registered agent and title if applicable. -10/08/01--01005--013
(NOTE: Registered Agent signature required when reinstating.) *****61.25 *****61.25

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. <input type="checkbox"/> Delete Mr. Davis M. Rembert, Jr. P,D 13607 N.W. 50th Ave. Gainesville, FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President <input type="checkbox"/> Delete Ms. Leslie D. Bram VP,D 2012 W. University Ave. Gainesville, FL 32603	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input type="checkbox"/> Delete Dean Robert G. Frank S,T,D 1600 S.W. Archer Rd., Rm. N1-2 Gainesville, FL 32610	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member <input type="checkbox"/> Delete Dr. Carol Reed Ash D N10123 Hills Miller Health Center Gainesville, FL 32610	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member <input type="checkbox"/> Delete Dr. Robert A. Bryan D 2012 W. University Ave. Gainesville, FL 32603	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member <input type="checkbox"/> Delete Paula Criser D 4588 Swiloon Bridge Lane North Jacksonville, FL 32224-5617	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

See attachment for additions

400004625664--6
-10/08/01--01005--014
*****8.75 *****8.75
LS

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 #

2001 UNIFORM BUSINESS REPORT (UBR)

2063

DOCUMENT #
 1. Entity Name
 Oak Hammock at the University of Florida

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 Applied For
 59-3562098 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Paula Delaney 75 S.W. 23rd Way Gainesville, FL 32607	<input type="checkbox"/> Delete D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Dr. Richard A. Gutenkunst 3942 N.W. 25th Circle Gainesville, FL 32606-7435	<input type="checkbox"/> Delete D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Mr. Samuel N. Holloway, Sr. 1405 N.W. 13th Street Gainesville, FL 32602	<input type="checkbox"/> Delete D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Robert A. Levitt, Ph.D. 10318 S.W. 22nd Ave. Gainesville, FL 32607-3268	<input type="checkbox"/> Delete D
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	<input type="checkbox"/> Delete D
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	<input type="checkbox"/> Delete D

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

CR2E037 (11/00)

2001 UNIFORM BUSINESS REPORT (UBR)

3083

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1. Entity Name Oak Hammock at the University of Florida					
Principal Place of Business 4817 S.W. 34th Street Gainesville, FL 32608			Mailing Address		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3562098	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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) _____ DATE _____					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	Board Member Dr. E.T. York Box 110850 Gainesville, FL 32611 <input type="checkbox"/> Delete D		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Mr. Gerald Schaffer 8801 S.W. 45th Blvd. Gainesville, FL 32608-4138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: <u>Leslie D. Bram</u> <u>Leslie D. Bram, Esq.</u> <u>9/26/01</u> <u>352 392 5495</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

CR2E037 (11/00)