200 ⁻	1 UNIFORM BUS	INESS REPO	RT	(UB	R)			-ر. ا				
DOCUMENT # \ \ 9800000706						1 1 CA						
Gäk Hammock at the University of Florida						FILED						
13607 N.W. 50th Ave. Gainesville, FL 32606												
Principal Plac	Malling Address				01 SEP 27	PH 2:	PM 2: 40					
4817 S.W. 34th Street Gainesville, FL 32608						SEGRETALY OF STATE TAIL AHASSEE. FLORIDA						
Principal Place of Business 3. Mailing Address				·								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FEI Number 59-3562098		plied For t Applicable					
Zip	Country	Zip	Cou	intry			8.75 Add se Required					
	6. Name and Address of Current	Registered Agent		Name		7. Name and Address of New Registered Ag	ent :					
Davis M. Rembert, Jr. 13607 N.W. 50th Ave.				W. Scott Cole Street Address (P.O. Box Number is Not Acceptable)								
Gainesv:	ille, FL 32606		12			23 Tigert Hall, University of Florida						
			City Gair	nesville FL Zip Code 32611								
8. The above	named entity submits this statement for	the purpose of changing its	registere			ed agent, or both, in the state of Florida.						
Signature .	SIGNATURE											
FILE NOW: 9. Election Campaign Finan Trust Fund Contribution.						O May Be to Fees Make Check Pa		aggiga landiga San dalam Tanggan dina				
10. TITLE	President of Board	ECTORS of Dir.□ Detete	11.		A	DDITIONS/CHANGES TO OFFICERS AND DIRECT	CTORS IN	10 Addition				
NAME Street adoress	Mr. Davis M. Rember 13607 N.W. 50th Ave	t, Jr. P,D	NAME	ET ADORESS		1						
CITY-ST-ZUP	Gainesville, FL 32			ST-ZIP								
TITLE .	Executive Vice Pres Ms. Leslie D. Bram	ident □Delete VP,D	TITLE NAME			Machinita	Change	☐ Addition				
STREET ADDRESS City-St-Zip	2012 W. University Gainesville, FL 32	Ave.		T ADDRESS ST-ZIP		. In the supplemental of t						
TITLE NAME	Secretary/Treasurer	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	ALL AND	Change	Addition				
STREET ADDRESS CITY-ST-ZIP	Dean Robert G. Fran 1600 S.W. Archer Rd Gainesville, FL 32	-,-,-		T ADDRESS ST-ZIP	PL	The Man						
TITLE	Board Member	Delete	TITLE	ı)~	<u> </u>	Change	Addition				
NAME Street adoress City-St-Zip	Dr. Carol Reed Ash N10123 Hills Miller Gainesville, FL 32			T ADDRESS St-Zep		\bigvee						
TITLE	Board Member	☐ Delete	TITLE				Change	Addition				
NAME STREET ADDRESS	Dr. Robert A. Bryan 2012 W. University	D Ave	NAME STREE	T ADDRESS		4000046 256 -10/08/0101	354	5,46				
CITY-ST-ZIP		603	-	ST-ZEP		******8.75	かみ はます。 Change	*0.75				
TITLE Name	Paula Criser	L.J Delete D	TITLE			LS -	T CHENTO	L] Addition				
STREET ADDRESS City-St-Zip	1 4500 Swittoan bridge Lane North			T ADDRESS ST-ZIP		1 h						
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 eath; 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: DISCUID. PRAND Leslie D. Bram. Esq. 9/26/01 (352)392-5499												

200	1 UN	FORM BU	SINESS A	EPO	RT (UB	BR)		(I	1 -1	
DOC	JMENT								201	
1. Entity No		nock at the l	Jniversity o	f Flor	ida			. ,	Y	
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Principal Pla	ace of Busines	\$\$	Mailing Address						, , , 1	
. 4	817 S.W	. 34th Stree	et	•					•	
G	ainesvi	lle, FL 326	508							
, •			•				,			
2. Principal Place of Business			3. Mailing Addre	88						
Suite, Apt. #, etc.		Suite, Apt. #,	etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State							
	- 11		Oily a Galls				4. FEI Number 59-3562098		Applied For Not Applicable	
Zip		Country	Zip		Country		5. Certificate of Status Desired	\$8.75 A		
	6. Name	and Address of Curre	ent Registered Agent				7. Name and Address of New Regis	.		
	* •		3 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Name		·			
•					Street /	Address (I	P.O. Box Number is Not Acceptable)			
			. ja		5			·-····································		
:					City			FL Zip Co	de	
. The above	named entity	y submits this statemen	for the purpose of cha	nging its re	gistered office o	or registere	ed agent, or both, in the state of Florida.	, ,		
<u>.</u>		•					,	· V		
IGNATURE	Signature, typed	or printed name of registered ag	ent and title if applicable.	NOTE: P	sgistered Agent signs	the reculer t	eten einstellen	DATE	 	
STATE OF STATE	s de la companya			. 1						
	FILE IS	(1) 17 17 17 17 17 17 17 17 17 17 17 17 17	9. Election C	empaign Fil				eck Payable t	9	
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D. Tle	Board	Member	DIRECTORS Del		11.	^	DDITIONS/CHANGES TO OFFICERS IN			
UAE	Paula	Delaney	I I		NAME			☐ Change	☐ Addition	
REET ADDRESS IY-ST-28P	1	. 23rd Way ville. FL 3	2607		STREET ADDRESS CITY-ST-ZIP				,	
TLE		Member		ete:	TITLE		11/1/	☐ Change	☐ Addition	
ME Reet address	1	chard A. Gut)	NAME STREET ADDRESS	l	UN. IN			
Y-ST-ZIP	Gaines	.W. 25th Cir ville, FL 3	2606-7435		CITY-ST-ZIP		Mr. Mr.			
LE ME	ŀ	Member	Delta Sr T		TITLE		VX 7.4	☐ Change	☐ Addition	
REET ADDRESS		muel N. Holl .W. 13th Str		' I	NAME STREET ADDRESS		in h Yh,	-		
Y-ST-ZTP	Gaines	ville, FL 3	2602		CITY-ST-ZIP		W W			
le Me	i .	Member A. Levitt,	Ph.D. □ Dek		TITLE NAME		· 10, ~ (Change	☐ Addition	
REET ADDRESS Y-ST-ZIP	10318	S.W. 22nd Av	e.		STREET ADDRESS CITY-ST-ZIP		\mathcal{W}			
LE		ville, FL 3 Member	□ Dele	te .	TITLE	<u> </u>		☐ Change	☐ Addition	
VE KET ADDOCTO		ffrey W. Dwy	er I	1	NAME					
EET ADDRESS Y-ST-ZIP		uilding-Rm.5 Gainesville	6234 P.O.Box , FL 32610-	0177	STREET ADDRESS CITY-ST-ZIP		·			
LE .	Board	Member	☐ Dele		TITLE	,	•	☐ Change	☐ Addition	
me Teet adoress		athleen A. I	ong I d., Rm. 1-N1		NAME STREET ADDRESS					
Y-ST-ZIP	Gaines	ville, FL 3	2610	•	CITY-ST-ZIP					
ILICICATEC	OUT IT IT IS LEAD Y'S.	Or Suppliernental report	IS THE BIC ACCUITATE AN	a met my s	ionanina shaii n	AWA IDA SA	ion 119.07(3)(i), Florida Statutes. I furth me legal effect as if made under oath; t	hat i am an officer	or director 1	
OT THE COL	poration or the	e receiver of trustee em	powered to execute this , with all other like empo	report as r	equired by Cha	pter 617, I	Florida Statutes; and that my name app	ears in Block 10 o	Block 11 if	

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description and Description and Description of Director

Date

Description and Description of Description o

SIGNATURE: .

200	1 UNIFORM BUS	INESS REPO	RT	(UB	R)			`\	(013)		
	IMENT#	***************************************									
1. Entity Nar											
Uak	Hammock at the Unive	rsity of Florid	a								
Principal Place of Business Mailing Address											
	S.W. 34th Street										
Gain	esville, FL 32608										
2. Principal F	Place of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Num 59-3.	nber 562098		-	Applied For Not Applicable	e	
Zip	Country	Ζip	Cou	intry	5. Certifica	te of Status Desired		8.75 A	dditional fred		
	Name and Address of Current F	Registered Agent		Name	7. Name ar	nd Address of New R	egistered Aç	jent		7	
				Street A	ddress (P.O. Box Num	ber is Not Acceptable)			-	
•				City			FL	Zip Co	ode		
8. The above	named entity submits this statement for	the purpose of changing its r	egistere	od office or	registered agent, or b	oth, in the state of Flo	rida.	4		7	
SIGNATURE .											
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered	Agent signer	ure required when reinstating)		DATE				
rajas ir is	era yang pelaggangan dan be					or skuttered street	jardir g	Sec al.	r faire d'Esp		
	FILE NOW:	9. Election Campaign Trust Fund Contribut		ם פי	\$5.00 May Be Added to Fees	Mak	Check P	ryable	to		
12/53	en en subject de participates de 1997 y la				Added to Fees	engelije is 🚧	partment c	n state			
0.	OFFICERS AND DIR	ECTORS	11,			HANGES TO OFFICE	RS AND DIRE	CTORS		_ [
TRE	Board Member	Delete	TITLE		Board Memb		1	Change		037 (11/00)	
ame Treet address	Dr. E.T. York	D	NAME	ET ADDRESS	Mr. Gerald 8801 S.W.				D	١	
ITY-ST-ZIP	Box 110850 Gainesville, FL 326	511	-	ST-ZIP	Gainesvill		0 / 100			8	
TILE		☐ Delete	TITLE		Gainesvill	e. FL 3260	8-4138 I	Change	Addition	, S	
MME			NAME				•		_	10	
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IAME	<u> </u>	•	NAME								
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MAME TRUET ADDROCCO			NAME								
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	partify that the information available with	his filing door ant availa.			ad in Caption 440 07/2	IVI) Einside Cint de - 1	6 who sand		Information	4	
of the con	certify that the information supplied with t on this report or supplemental report is: poration or the receiver or trustee empoy , or on an attachment with an address, wi	true and accurate and that my vered to execute this report a	s requin	ure shali ha ed by Cha	ave the same legal effe pter 617, Florida Statul	ect as it made under o tes; and that my name	ath; that I am appears in E	an office Block 10 c	er or director or Block 11 if		
	use. Kisiu I	Brand	_			9/2/1	1/ 367	392	5495		
SIGNAT	UKE:	ENTED NAME OF SIGNING OFFICER OF	L DIRECTO	<u>eslie</u>	D. Bram. E	SQ 1/0-0/0)	ime Phone #	~, , , ,		