2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 06, 2002 8:00 am Secretary of State DOCUMENT # **N98000007061** 1. Entity Name OAK HAMMOCK AT THE UNIVERSITY OF FLORIDA, INC. 05-06-2002 90165 040 ****61.25 Principal Place of Business Mailing Address 4817 S.W. 34TH STREET 4817 S.W. 34TH STREET GAINESVILLE FL 32608 GAINESVILLE FL 32608 2. 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 Applied For 59-3562098 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) COLE. W. SCOTT 123 TIGERT HALL, UNIVERSITY OF FLORIDA GAINESVILLE FL 32611 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. \Box Added to Fees Department of State 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE Change | Addition REMBERT, DAVIS M JR. Paula Delaney NAME NAME 75 5W 2380 Way STREET ADDRESS 13607 N.W. 50TH AVENUE STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32606** CITY-ST-ZIP Gainesville FL 32607 TITLE 🕏 ☐ Delete TITLE Change Addition Bram, Leslie D or, Richard A. Gutekunst NAME NAME STREET ADDRESS 2012 W. UNIVERSITY AVENUE 3942 NW 25 th circle STREET ADDRESS CITY-ST-ZIP Gainesville FL 32603 CITY-ST-ZIF 32606-7435 STD_____ TITLE ---Delete → 🗻 Samuel N. Holloway Sr. Change TITLE. Addition FRANK, ROBERT G DEAN NAME NAME 1405 NW 13th Street STREET ADDRESS 1600 S.W. ARCHER RD., RM N1-2 STREET ADDRESS CITY-ST-ZIP Gainesville FL 32610 CITY-ST-7IP Gainesville FL 3260 TITLE Delete TITLE Change ☐ Addition Ash, Carol R ASH, CAROL R NAME NAME

CRISER, PAULA NAME NAME 4588 SWILOAN BRIDGE LANE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224-5617 CITY-ST-ZIP Jackson ville 12. I hereby certify that the information supplied with this fill woes 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 to 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 true telegomered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

TITLE

changed, or on an attachment with ar amen Exec. V.P.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

TITLE

TITLE

N10123 HILLS MILLER HEALTH CENTER

GAINESVILLE FL 32610

GAINESVILLE FL 32603

2012 W. UNIVERSITY AVENUE

BRYAN, ROBERT A

☐ Delete

.Delete

N1012 J Hillis Miller Health Center

<u>Gainesville FL 32610</u>

Robert A. Levitt Ph.D.

10318 S.W. 22ND Avenue

Gainesville FL 32607-3268

☐ Addition

10/6

Attachment

2002 Uniform Business Report (UBR)

Document #N98000007061

Oak Hammock at the University of Florida, Inc.

FEI #59-3562098

Box 11 - Additional Page

D Dr. Jeffrey W. Dwyer 1329 Building – Room 5234 P O Box 10017 Gainesville FL 32610-0177

> D Dr. E. T. York Building 106, Mowry Road Box 110850 Gainesville FL 32611

D
Dean Kathleen A. Long
1600 SW Archer Road
Room1-N1-17
Gainesville FL 32610

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