

N 98000007061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

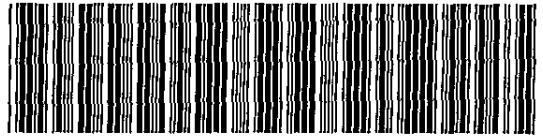
(Business Entity Name)

(Document Number)

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UNIVERSITY OF FLORIDA FOUNDATION, INC.

2012 West University Avenue
P.O. Box 14425 ■ Gainesville, FL 32604-2425
Telephone: (352) 392-1691 ■ Fax: (352) 392-8736

- Direct Line: (352) 392-7760
- E-mail: dburch@uff.ufl.edu
- Fax: (352)392-9833

November 5, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Oak Hammock at the University of Florida, Inc.
59-3562098

Dear Sir or Madam:

I am enclosing, for your further handling, an executed Statement of Change of Registered Agent, along with check #00171307 in the amount of \$35.00. Please return a paid receipt with the correspondence.

Please call if you have any questions or need additional information.

Sincerely,



Donna K. Burch
Legal Assistant

Enclosures

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Oak Hammock at the University of Florida, Inc.
(Name of corporation)

DOCUMENT NUMBER: N98000007061

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan G. Goffman, Esq.
(Name of person)

University of Florida Foundation, Inc.
(Name of firm/company)

P.O. Box 14425
(Address)

Gainesville, FL 32604
(City/state and zip code)

For further information concerning this matter, please call:

Susan G. Goffman at (352) 392-9251
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Oak Hammock at the University of Florida, Inc.

2. The principal office address: 4817 S.W. 34th Street, Suite 3, Gainesville, FL 32608

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 12/11/1998 Document number: N98000007061

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

W. Scott Cole

123 Tigert Hall, University of Florida

Gainesville, FL 32611

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert Newcomer

4817 S.W. 34th Street, Suite 3

(P.O. Box or personal mailbox NOT acceptable)

Gainesville, FL 32608

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TALLAHASSEE FLORIDA
FLORIDA DEPARTMENT OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Leslie D. Bram
(Signature of an officer or director)

Leslie D. Bram, Executive Vice President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Robert Newcomer
(Signature of Registered Agent)

11/3/03
(Date)

If signing on behalf of an entity:

Robert Newcomer
(Typed or Printed Name)

Executive Director
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314