

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716489

1. Entity Name

UNIVERSITY VILLAGE APARTMENTS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90171 003 ****61.25

Principal Place of Business	Mailing Address
155-B TIGERT HALL UNIVERSITY OF FLORIDA GAINESVILLE FL 32611-2100	P.O. BOX 112100 GAINESVILLE FL 32611-2100



DO NOT WRITE IN THIS SPACE

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
23-7060602	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, JAMES E DR.
 155-B TIGERT HALL
 UNIVERSITY OF FLORIDA
 GAINESVILLE FL 32611-2100

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	BMD	<input type="checkbox"/> Delete
NAME	SCHAFFER, GERALD	
STREET ADDRESS	4520 NW 18TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KRUCZEK, JOHN	
STREET ADDRESS	5528 NW 45TH LN	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	T	<input type="checkbox"/> Delete
NAME	CANTRELL, FRED H JR.	
STREET ADDRESS	4721 NW 16TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRIMM, JAMES	
STREET ADDRESS	125 SW 80TH DR.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	KRATZER, DAVID	
STREET ADDRESS	268 TURKEY CREEK	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: JAMES C. GRIMM, SD SIGNATURE REQUIRED  2/23/00 392-2164 (352)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)