

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90110 037 \*\*\*\*61.25

0064860

**DOCUMENT # 716489**

1. Entity Name

**UNIVERSITY VILLAGE APARTMENTS, INC.**

Principal Place of Business

**155-B TIGERT HALL  
 UNIVERSITY OF FLORIDA  
 GAINESVILLE FL 32611-2100**

Mailing Address

**P.O. BOX 112100  
 GAINESVILLE FL 32611-2100**

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

**23-7060602**

Applied For

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **PEPPELL, JOHN E**  
 STREET ADDRESS **6125 NW 58TH PLACE**  
 CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE  Change  Addition  
 NAME **POPPELL, JOHN E**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **KRUCZEK, JOHN**  
 STREET ADDRESS **5528 NW 45TH LN**  
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **CANTRELL, FRED H JR.**  
 STREET ADDRESS **4721 NW 16TH PL**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **DUNKEL, NORBERT W**  
 STREET ADDRESS **3519 NW 27TH ST**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **KRATZER, DAVID**  
 STREET ADDRESS **268 TURKEY CREEK**  
 CITY-ST-ZIP **ALACHUA FL 32615**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:**

**NORBERT W DUNKEL**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/26/02**

Date

**352-392-2161**

Daytime Phone #

CR2E037 (9/01)