**2001 UNIFORM BUSINESS REPORT (UBR)** FILED Jul 31, 2001 8:00 am DOCUMENT # 737085 **Secretary of State** University Community MEDICAL CENTER CONDOMINIUM, INC 07-31-2001 90015 041 \*\*\*\*61.25 1380| BRUCE B. Downs BLUD. TAMPA, FZ. 33613 Principal Place of Business C0074516 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 2012057 City & State City & State Applied For Not Applicable Country 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 MOLLOY, RICHARD P., M.D. Name 1380 BRUCE B. DOWNS BUD ZO Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33613 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) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 LICHARD P. MOLLOY M.D. DOWN BUD 302 TITLE TILE JOHN A. HISAMOTO, PT/ATE Change NAE NAME 13801 BRUCE B. Downs BUD#303 STREET ADDRESS STREET ADDRESS MMDA, FL 33613 CITY-ST-ZIP CITY-ST-ZIP AMPA, FL 33613 Homan, Edward, M.D. Delete 13801 BRUCK B. Downsburg. TITLE TITLE ☐ Change ☐ Addition NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE ANDERSON PHILIP M DOWN BUS. TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS TIAMPA, FL **43613** CITY-ST-ZIP CITY-ST-7P TITLE ☐ Change Addition BULKE, MOIRA J.M. BLUD HALE NAME STREET ADDRESS STREET ADDRESS TAMPA, FZ 33617 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-702 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. 7-24-0 SIGNATURE: 4 GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

achnest Doct 73708 UNIVERSITY COMMUNITY MEDICAL CENTER

13801 Bruce B. Downs Blvd. Tampa, Florida 33613

(813) 971-7637

July 24, 2001

Uniform Business Report **Division of Corporations** P. O. Box 1500 Tallahassee, Fl 32302-1500

Re: University Community Medical Center Condominium, Inc

FEL# 59-2012057

**DOCUMENT # 737085** 

Gentlemen:

It was recently brought to our attention by our accountant that we have not received the forms normally submitted for renewing the annual UBR nor have we received any notices that we were late. A check of our records indicates that we have not yet paid the filing fee.

Enclosed is our 2001 Uniform Business Report that was downloaded from your internet site in addition to a check for the filing fee of \$61.25. In that we did not receive the initial filing forms and have never been delinquent before, we respectfully request you wave any penalties. Thank you very much for your consideration.

Yours truly,

B. A. Bobanic

**UCMC Association Manager** 

CC: Charles C. Blake III, CPA