

FILED
Mar 24, 2003 8:00 am
Secretary of State

02-21-2003 90183 029 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 748279

1. Entity Name

UNIVERSITY PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

201 N UNIVERSITY DR.
PLANTATION FL 33124

Mailing Address

P A LETHBRIDGE & CO
S PINE ISLAND RD. #200
PLANTATION FL 33324
US

55018593

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2005776

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PA LETHBRIDGE & CO. CRES
100 S PINE ISLAND RD
#200
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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 \$81.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME
STREET ADDRESS
CITY-ST-ZIP

WHITE, BOB
201 N. UNIV. DR. #105
PLANTATION FL 33324

☐ Delete

TITLE PD
NAME
STREET ADDRESS
CITY-ST-ZIP

SIMON, DAVID, DR.
201 UNIV.DR. #108
PLANTATION FL

☒ Delete

TITLE SD
NAME
STREET ADDRESS
CITY-ST-ZIP

SPINNER, STEVEN
201 N. UNIVERSITY DR #110
PLANTATION FL 33324

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME
STREET ADDRESS
CITY-ST-ZIP

President/DIRECTOR
Joseph Rizzo
201 N. University Drive #103
Plantation, FL 33324

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03

954/577-2891

CR2E037 (10/02)