FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Apr 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # G75479 (7) UNIVERSITY MANAGEMENT, INC. Principal Place of Business Mailing Address 2811 SW ARCHER RD 2811 SW ARCHER RD GAINESVILLE FL \$2608 GAINESVILLE FL 32608 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/14/1983 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 59-2353066 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LEBLANC, JAMES 14804 NW 50TH PLACE 82 Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE PL 32008 A LACHUA, FL 32615 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition LEBLANC, JAMES E NAME 1.2 NAME 14604 NW 50 PLACE STREET ADDRESS 1.3 STREET ADDRESS ALACHUA FL 32615 **GAINESVILLE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE LEBLANC, ERIC K. NAME 2.2 NAME 2811 SW ARCHER RD STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL 32006** -CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE 3.1 T(T) F Addition TITLE LEBLANC, VIRGINIA NAME 3.2 NAME 14604 NW 50 PLACE STREET ADDRESS 3.3 STREET ADDRESS ALACHUM, FL. 32615 GAINESVILLE PL CITY-ST-ZIP 3.4. CITY - ST - ZIP Change DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 annual report or duplemental annual 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 conditional properties of the conditional 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 conditional 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 conditional 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 conditional 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 conditional 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 conditional 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 conditional 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 conditional 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 conditional 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 conditional report is true and accurate and that my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as i

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