

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90113 004 ***150.00

DOCUMENT # G75479

1. Entity Name

UNIVERSITY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**2811 SW ARCHER RD
 GAINESVILLE FL 32608**

**PO BOX 143086
 GAINESVILLE FL 32608**

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

59-2353066

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

LEBLANC, JAMES

~~14804 NW 50TH PLACE~~ **9717 SW 32 LANE**
~~ALACHUA FL 32615~~ **GAINESVILLE, FL 32608**

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **LEBLANC, JAMES E**
 STREET ADDRESS ~~14804 NW 50 PLACE~~
 CITY-ST-ZIP ~~ALACHUA FL 32615~~

TITLE ☒ Change ☐ Addition
 NAME **9717 SW 32ND LANE**
 STREET ADDRESS **GAINESVILLE, FL 32608**
 CITY-ST-ZIP

TITLE **VP** ☒ Delete
 NAME **NORTHSON, BARBARA L**
 STREET ADDRESS **2923 SW 22ND CIRCLE UNIT A**
 CITY-ST-ZIP **DELRAY BCH FL 33445**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **LEBLANC, VIRGINIA**
 STREET ADDRESS **14804 NW 50 PLACE**
 CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☒ Change ☐ Addition
 NAME **9717 SW 32ND LANE**
 STREET ADDRESS **GAINESVILLE, FL 32608**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **VP**
 STREET ADDRESS **ROXANNE G. SLODZINSKI**
 CITY-ST-ZIP **2811 SW ARCHER RD, OFFICE**
GAINESVILLE, FL 32608

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE RETURNED **LEBLANC, PRESIDENT** **1/10/02** **352-373-7904**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)