

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90064 009 ***158.75

DOCUMENT # H04799

1. Entity Name

UNIVERSITY CADILLAC, INC.

Principal Place of Business

Mailing Address

6363 N.W. 6TH WAY
 SUITE 400
 FT. LAUDERDALE FL 33309

6363 N.W. 6TH WAY
 SUITE 400
 FT. LAUDERDALE FL 33309-6188

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 **59-2414451**

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

MACINNES, DONALD A
MORSE OPERATIONS, INC.
 6363 N.W. 6TH WAY, SUITE 400
 FT. LAUDERDALE FL 33309

Name
CERA, NANCY L.

Street Address (P.O. Box Number is Not Acceptable)

MORSE OPERATIONS, INC.

6363 NW 6TH WAY, SUITE 400

City
FORT LAUDERDALE

FL

Zip Code
33309

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

Nancy L. Cera
 Signature, typed or printed name of registered agent and title if applicable
Nancy L. Cera, Secretary

(NOTE: Registered Agent signature required when reinstating)

1/6/00

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, 2000 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 **C** Delete
 NAME **MORSE, EDWARD J**
 STREET ADDRESS **6363 N.W. 6TH WAY, SUITE 400**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME ~~**MORSE, EDWARD J JR**~~
 STREET ADDRESS **6363 N.W. 6TH WAY, SUITE 400**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **BEAVER, RICHARD L**
 STREET ADDRESS **6363 N.W. 6TH WAY, SUITE 400**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VTS** Delete
 NAME ~~**MACINNES, DONALD A**~~
 STREET ADDRESS ~~**6363 N.W. 6TH WAY, SUITE 400**~~
 CITY-ST-ZIP ~~**FT. LAUDERDALE FL 33309**~~

TITLE **S** Change Addition
 NAME **CERA, NANCY L.**
 STREET ADDRESS **6363 NW 6TH WAY, SUITE 400**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Change Addition
 NAME **MACINNES, DENNIS M.**
 STREET ADDRESS **6363 NW 6TH WAY, SUITE 400**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

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)(f), 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:

Nancy L. Cera
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nancy L. Cera, Secretary

January 6, 2000

Date

954-351-0055

Daytime Phone #

CR2E034 (9/99)