2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State
03-22-2001 90069 028 ****61.25

DOCUMENT # N46798

1. Entity Name

UNIVERSITY OAKS LAND CONDOMINIUM OWNER'S ASSOCIA

Principal Place of Business	Mailing Address
RESEARCH & DEVELOPMENT IND. 959 EXPLORER COVE ALATMONTE SPRINGS FL 32701 US	RESEARCH & DEVELOPMENT IND. P.O. BOX 151046 ALATMONTE SPRINGS FL 32715 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
998 EXPLORER COVE	
Suite, Apt. #, etc. SUITE 130	Suite, Apt. #, etc.
City & State ALTAMONTE SPRINGS, FL	City & State
Zip 32701	Country Seminole
Zip	Country

4. FEI Number 59-3172018 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DECKER, HAROLD R 513 SPRING VALLEY RD P.O. BOX 151046 ALTAMONTE SPRINGS FL 32715	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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete WAS, DEBORAH DARROCH, INC., 11883 HIGH TECH AVENUE ORLANDO FL 32817	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ☒ Delete ~~EGKES, MICHAEL~~ ~~3520 PIEDMONT ROAD NE #120~~ ~~ATLANTA GA~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete MINTER, JUDITH A FISHKIND & ASSOCIATES 11869 HIGH TECH AVE. ORLANDO FL 32817	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete MARTIN, LUIS 11875 HIGH TECH AVE. ORLANDO FL 32817	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete DECKER, HAROLD R P.O. BOX 151046, 513 SPRINGS VALLEY RD ALTAMONTE SPRINGS FL 32715	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DECKER, HAROLD R. P.O. BOX 151046, 513 SPRINGS VALLEY RD ALTAMONTE SPRINGS, FL 32715 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: [illegible] 3-20-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #