

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 11 1996 8:00 am
Secretary of State

DOCUMENT # **P34017 (4)**

1. Corporation Name
UNIVERSITY COMMONS DEVELOPMENT CORP.



Principal Place of Business: **600 LUCKIE DRIVE, SUITE 424 BIRMINGHAM AL 35223**
Mailing Address: **600 LUCKIE DRIVE, SUITE 424 BIRMINGHAM AL 35223**

3. Date Incorporated or Qualified: **05/20/1991**
3a. Date of Last Report: **03/01/1995**
4. FEI Number: **NOT APPLICABLE**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 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: _____ DATE: _____
Signature typed or printed name of registered agent and street address (NOTE: Registered Agent signature required when assisting)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOURON, MICHAEL A	
STREET ADDRESS	600 LUCKIE DRIVE, SUITE 424	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JONES, L. JEFF	
STREET ADDRESS	600 LUCKIE DRIVE, SUITE 424	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MOURON, MARCIA	
STREET ADDRESS	600 LUCKIE DRIVE, SUITE 424	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RASPBERRY, JOAN	
STREET ADDRESS	600 LUCKIE DRIVE, SUITE 424	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GOODSON, JAMES M	
STREET ADDRESS	600 LUCKIE DRIVE, SUITE 424	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VAWTER, JOHN E	
STREET ADDRESS	600 LUCKIE DRIVE, SUITE 424	
CITY-ST-ZIP	BIRMINGHAM AL 35223	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V / SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLAIRE E. DAVIS	
1.3 STREET ADDRESS	600 LUCKIE DRIVE, SUITE 424	
1.4 CITY-ST-ZIP	BIRMINGHAM, AL 35223	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KENT T. CAMPBELL	
2.3 STREET ADDRESS	600 LUCKIE DRING, SUITE 424	
2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35223	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JEFF SHATTINGER	
3.3 STREET ADDRESS	600 LUCKIE DRIVE, SUITE 424	
3.4 CITY-ST-ZIP	BIRMINGHAM, AL 35223	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROB HOWLAND	
4.3 STREET ADDRESS	600 LUCKIE DRIVE, SUITE 424	
4.4 CITY-ST-ZIP	BIRMINGHAM, AL 35223	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ALTON C. IRWIN	
5.3 STREET ADDRESS	600 LUCKIE DRIVE, SUITE 424	
5.4 CITY-ST-ZIP	BIRMINGHAM, AL 35223	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100001776701	
6.3 STREET ADDRESS	-04/11/96--01048--019	
6.4 CITY-ST-ZIP	***200.00	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joan C. Raspberry* 3/28/96 (205) 871-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #
JOAN C. RASPBERRY

CR2E034 (12/95)

ASB
4-11-96