

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90148 018 \*\*\*150.00

0521974

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P34017**

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
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>431 Office Park Drive</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>431 Office Park Drive</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/20/1991	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22 City & State 23 <b>Birmingham AL 35223</b> Zip Country	27 City & State 28 <b>Birmingham AL</b> Zip Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
24		25		29 <b>35223</b>		30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>431 Office Park Drive</b>
1.4 CITY-ST-ZIP	<b>Birmingham AL 35223</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	" "
2.3 STREET ADDRESS	" "
2.4 CITY-ST-ZIP	" "
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	" "
3.3 STREET ADDRESS	" "
3.4 CITY-ST-ZIP	" "
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	" "
4.3 STREET ADDRESS	" "
4.4 CITY-ST-ZIP	" "
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	" "
5.3 STREET ADDRESS	" "
5.4 CITY-ST-ZIP	" "
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	" "
6.3 STREET ADDRESS	" "
6.4 CITY-ST-ZIP	" "

14. 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 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, with all other like empowered.

SIGNATURE: *Michael A Mouron* SIGNATURE REQUIRED 4/7/99 Date (205) 414-0400 Daytime Phone #

CR2E034 (11/98)