

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90163 023 ***158.75

DOCUMENT # P34017

1. Entity Name
UNIVERSITY COMMONS DEVELOPMENT CORP.

Principal Place of Business Mailing Address
OFFICE PK DR 431 OFFICE PK DR
AL 35223 BIRMINGHAM AL 35223-2411

C0031857

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| | | |
|----------------|---------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MOURON, MICHAEL A | |
| STREET ADDRESS | 431 OFFICE PARK DR | |
| CITY-ST-ZIP | BIRMINGHAM AL 35223 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | JONES, L. JEFF | |
| STREET ADDRESS | 431 OFFICE PARK DR | |
| CITY-ST-ZIP | BIRMINGHAM AL 35223 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | MOURON, MARCIA | |
| STREET ADDRESS | 431 OFFICE PARK AVE | |
| CITY-ST-ZIP | BIRMINGHAM AL 35223 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | RASPBERRY, JOAN | |
| STREET ADDRESS | 431 OFFICE PARK DR | |
| CITY-ST-ZIP | BIRMINGHAM AL 35223 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | GOODSON, JAMES M | |
| STREET ADDRESS | 431 OFFICE PARK DR | |
| CITY-ST-ZIP | BIRMINGHAM AL 35223 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | VAWTER, JOHN E | |
| STREET ADDRESS | 431 OFFICE PARK DR | |
| CITY-ST-ZIP | BIRMINGHAM AL 35223 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | v/s | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Vice President, Secretary | |
| STREET ADDRESS | Claire D. Zucco | |
| CITY-ST-ZIP | 431 office Park Drive | |
| | Birmingham AL 35223 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Claire D. Zucco **Claire D. Zucco** 4/26/00 205-414-6431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)