

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90768 006 ***150.00

DOCUMENT # P34017			
1. Entity Name UNIVERSITY COMMONS DEVELOPMENT CORP.			
Principal Place of Business 431 OFFICE PK DR BIRMINGHAM AL 35223		Mailing Address 431 OFFICE PK DR BIRMINGHAM AL 35223	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOURON, MICHAEL A	NAME	
STREET ADDRESS	431 OFFICE PARK DR	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35223	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, L. JEFF	NAME	
STREET ADDRESS	431 OFFICE PARK DR	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35223	CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CLAIRE	NAME	
STREET ADDRESS	431 OFFICE PARK AVE	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35223	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODSON, JAMES M	NAME	
STREET ADDRESS	431 OFFICE PARK DR	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35223	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAWTER, JOHN E	NAME	
STREET ADDRESS	431 OFFICE PARK DR	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35223	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWLAND, ROB	NAME	
STREET ADDRESS	431 OFFICE PARK DR	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35223	CITY-ST-ZIP	



MOORE CR2E034 (11/03)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

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

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 607, 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: Rob Howland Rob Howland 4/29/04 (205) 414-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #