

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 28 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900035722389
05/06/04--01068--010 **\$1.25



04162004 Chg-NP CR2E037 (10/03)

DOCUMENT # N00000003460			
1. Entity Name SOUTH CAMPUS OWNERS ASSOCIATION, INC.			
Principal Place of Business 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819		Mailing Address 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819	
2. Principal Place of Business 9751 Universal Blvd.		3. Mailing Address 9751 Universal Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32819	Country	Zip 32819	Country
4. FEI Number 59-3651430		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNIVERSAL CITY PROPERTY MANAGEMENT CO. III 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name B&C Corporate Services of Central Florida Street Address (P.O. Box Number is Not Acceptable) 390 N. Orange Ave., Suite 1100 City Orlando FL Zip Code 32801	
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 <u><i>Michael Vice President</i></u> DATE <u>4/16/04</u> Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIACALONE, PETER C 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV Watson, Marc 9751 Universal Blvd. Orlando, FL 32819 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPROULS, JOHN R 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OV Thomas, Stanley E. 9751 Universal Blvd. Orlando, FL 32819 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRANCK, MARILYN 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS Case, Kevin 9751 Universal Blvd. Orlando, FL 32819 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CORCORAN, MICHAEL 1000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OT Toohey, Garrit 9751 Universal Blvd. Orlando, FL 32819 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u><i>Marc Watson</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/20/2004</u> Daytime Phone # <u>407-832-9928</u>	