

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005240

**FILED**  
**Jan 29, 2019**  
**Secretary of State**  
**1729723167CC**

**Entity Name:** RESIDENTS OF UNIVERSITY VILLAGE EMPLOYEE SCHOLARSHIP FOUNDATION, INC.

**Current Principal Place of Business:**

12401 N. 22ND ST.  
APT F504  
TAMPA, FL 33612

**Current Mailing Address:**

12401 N. 22ND ST.  
APT F504  
TAMPA, FL 33612

**FEI Number: 20-1183950**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HINES, JAMES PESQ.  
315 S. HYDE PARK AVE.  
TAMPA, FL 33606 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            LUCAS, RUSS  
Address        12401 N. 22ND ST. APT C612  
City-State-Zip: TAMPA FL 33612

Title            VP  
Name            MATHEW, ALEX  
Address        12717 TAYLOR NICOLAS DR.  
City-State-Zip: TAMPA FL 33612

Title            S  
Name            BUTZ, JOSEPHINE  
Address        12721 TAYLOR NICOLAS DR.  
City-State-Zip: TAMPA FL 33612

Title            T  
Name            MCGILL, FRANCES  
Address        12401 N 22ND ST APT C707  
City-State-Zip: TAMPA FL 33612

Title            DIRECTOR  
Name            GRIMES, ROBERT  
Address        12401 N. 22ND ST. APT G201  
City-State-Zip: TAMPA FL 33612

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT GRIMES**

**DIRECTOR**

**01/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date