

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90001 017 ***150.00

DOCUMENT # 361025

1. Entity Name

UNIVERSITY LAKES, INC.

Principal Place of Business

701 BRICKELL AVENUE
 SUITE 1400
 MIAMI FL 33131-2822

Mailing Address

701 BRICKELL AVENUE
 SUITE 1400
 MIAMI FL 33131-2822

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1289332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PITTS, W. DOUGLAS
 701 BRICKELL AVENUE
 SUITE 1400
 MIAMI FL 33131-2822

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD
 NAME KISLAK, JAY I
 STREET ADDRESS 701 BRICKELL AVE, SUITE 1400
 CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE PD
 NAME COURTELIS, KIKI L.
 STREET ADDRESS 701 Brickell Avenue, Suite 1400
 CITY-ST-ZIP Miami, Florida 33131-2822 ☐ Change ☒ Addition

TITLE ASDV
 NAME PITTS, W. DOUGLAS
 STREET ADDRESS 701 BRICKELL AVE, SUITE 1400
 CITY-ST-ZIP MIAMI FL 33131-2822 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SV
 NAME KURPS, JAMES
 STREET ADDRESS 701 BRICKELL AVE, SUITE 1400
 CITY-ST-ZIP MIAMI FL 33131-2822 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
 NAME VASSILAROS, ELIAS
 STREET ADDRESS 701 BRICKELL AVE, SUITE 1400
 CITY-ST-ZIP MIAMI FL 33131-2822 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
 NAME COURTELIS, P AN
 STREET ADDRESS 701 BRICKELL AVE #1400
 CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
 NAME PRIDGEN, DOUGLAS H.
 STREET ADDRESS 701 BRICKELL AVE #1400
 CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)