## 2003 FOR PROFIT CORPORATION

## FILED Jan 24, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR Secretary of State** 361025 DOCUMENT # 01-24-2003 90123 007 \*\*\*150.00 1. Entity Name UNIVERSITY LAKES, INC. Principal Place of Business Mailing Address 701 BRICKELL AVENUE 701 BRICKELL AVENUE **SUITE 1400 SUITE 1400** MIAMI FL 33131-2822 MIAMI FL 33131-2822 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-1289332 Not Applicable Zip Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PITTS, W. DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE **SUITE 1400** MIAMI FL 33131-2822 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE COURTELIS, KIKI L NAME NAME 701 BRICKELL AVE, SUITE 1400 STREET ADDRESS STREET ADDRESS CITY-ST-7/P MIAMI FL 33131-2822 CITY-ST-ZIP **ASDV** TITLE ☐ Delete TITLE Change Addition PITTS, W. DOUGLAS NAME NAME

701 BRICKELL AVE. SUITE 1400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131-2822 CITY-ST-ZIP TITLE SV-\_ Delete TITLE Change Addition KURPS, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 701 BRICKELL AVE. SUITE 1400 CITY-ST-ZIP MIAMI FL 33131-2822 CITY-ST-ZIP ☐ Delete TITI F TITLE ☐ Change Addition VASSILAROS, ELIAS NAME NAME STREET ADDRESS 701 BRICKELL AVE. SUITE 1400 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131-2822 CITY-ST-7IE TITLE Delete TITLE ☐ Change Addition PRIDGEN, DOUGLAS H. NAME NAME STREET ADDRESS 701 BRICKELL AVE #1400 STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 frustee 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 attachn

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

CR2E034 (10/02)