

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749066

FILED
Apr 09, 2009
Secretary of State

Entity Name: UNIVERSITY BOULEVARD BETTERMENT ASSOCIATION,INC.

Current Principal Place of Business:

4133 UNIVERSITY BLVD., SOUTH
STE. 1
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

4133 UNIVERSITY BLVD., SOUTH
STE. 1
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-1934509 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOLBROOK, H. LEON
2301 INDEPENDENT SQUARE
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SNYDER, CHARLES
Address: 4131 UNIVERSITY BLVD., SOUTH
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: PD () Delete
Name: KOIVISTO, JAMES H
Address: 4133 UNIVERSITY BLVD., SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: KOIVISTO, JOAN
Address: 4133 UNIVERSITY BLVD., SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES H KOIVISTO

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date