

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A12899**

1. Entity Name
UNIVERSITY COMMERCIAL CENTER, LTD.

Principal Place of Business
**1717 E. FOWLER AVE.
TAMPA FL 33612**

Mailing Address
**1717 E. FOWLER AVE.
TAMPA FL 33612-5523**

APPROVED
AND
FILED

00 APR -3 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ng 4/13



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2305979		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COUCH, THEODORE J., SR. 1717 E. FOWLER AVE. TAMPA FL 33612		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. **\$270,660.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F14819	STREET ADDRESS	
NAME	TAMPA LEASING, INC.	CITY - ST - ZIP	
STREET ADDRESS	1717 E. FOWLER AVE.		
CITY - ST - ZIP	TAMPA FL 33612		
DOCUMENT #		STREET ADDRESS	100003215031--9
NAME		CITY - ST - ZIP	04/19/00 01089 012
STREET ADDRESS			***526.25 ***526.25
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *Theodore J. Couch Sr.* **SIGNATURE REQUIRED** *Pres. of Tampa Leasing Inc. Gen. Part.*
Theodore J. Couch Sr. 3/28/00 (813) 971-1040
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)