

2002 UNIFORM BUSINESS REPORT (UBR)

0013233 AT

DOCUMENT # **A12899**

1. Entity Name

UNIVERSITY COMMERCIAL CENTER, LTD.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 28



Principal Place of Business 1717 E. FOWLER AVE. TAMPA FL 33612	Mailing Address 1717 E. FOWLER AVE. TAMPA FL 33612
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DUE BY MAY 1, 2002	
4. FEI Number 59-2305979	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COUCH, THEODORE J., SR.
1717 E. FOWLER AVE.
TAMPA FL 33612**

7. Name and Address of New Registered Agent

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

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
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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

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F14819 TAMPA LEASING, INC. 1717 E. FOWLER AVE. TAMPA FL 33612
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	700005189217--5
STREET ADDRESS	-04/03/02-01038-018
CITY-ST-ZIP	****526.25 ****526.25
STREET ADDRESS	AL
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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* **3-26-02** **971-1040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAMPLE CHECK HERE