

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F21075

1. Entity Name

ONE UNIVERSITY DRIVE INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90255 042 ***150.00

Principal Place of Business

ONE N UNIVERSITY DR
~~SUITE A-111~~
~~PLANTATION FL 33324~~
US

Mailing Address

1 N UNIVERSITY DR
~~APT N~~
~~PLANTATION FL 33324~~
US

2. Principal Place of Business

700 NE 40th Court
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

4. FEI Number 65-0119261

Applied For

Not Applicable

Zip
33334

Country
USA

Zip

Country

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

PAYNE, JOHN H

~~ONE N UNIVERSITY DRIVE~~
~~SUITE A-111~~
~~PLANTATION FL 33324~~

Name

Street Address (P.O. Box Number is Not Acceptable)
700 NE 40th Court

City

Fort Lauderdale

FL

Zip Code
33334

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PAYNE, JOHN H	
STREET ADDRESS	ONE N UNIVERSITY DR STE A-111	
CITY-ST-ZIP	PLANTATION FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FORMATO, D.A	
STREET ADDRESS	ONE UNIVERSITY DRIVE STE A-111	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FISHER, RANDOLPH R	
STREET ADDRESS	ONE N UNIVERSITY DR, SUITE A-111	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700 NE 40th Court	
CITY-ST-ZIP	Ft. Lauderdale, FL. 33334	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael H. Payne	
STREET ADDRESS	700 NE 40th Court	
CITY-ST-ZIP	Fort Lauderdale, FL. 33334	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700 NE 40th Court	
CITY-ST-ZIP	Ft. Lauderdale, FL. 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/26/01

Date

954-563-1111

Daytime Phone #

CR2E034 (10/00)