

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002661

1. Corporation Name

UNIVERSITY DEVELOPMENT, INC.

Principal Place of Business
100 SUNPORT LANE, ROOM 22-00
ORLANDO FL 32809

Mailing Address
100 SUNPORT LANE, ROOM 22-00
ORLANDO FL 32809

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90071 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1993

4. FEI Number

95-3300465

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

WEBB, JOHN A
100 SUNPORT LANE, ROOM 22-00
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name Judith A. Cummins
82 Street Address (P.O. Box Number is Not Acceptable)
100 Sunport Lane Apt. 2100
83
84 City Orlando FL 85 Zip Code 32809

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Judith A. Cummins*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME TERRELL, GLENN
STREET ADDRESS 232 CHIMNEY HILL DRIVE
CITY-ST-ZIP ARLINGTON TX

TITLE
NAME SD
STREET ADDRESS EGER, LEROY
CITY-ST-ZIP 100 SUNPORT LANE, ROOM 22-00
ORLANDO FL 32809

TITLE
NAME D
STREET ADDRESS BUNNER, BRUCE
CITY-ST-ZIP ONE LIBERTY PLAZA
NEW YORK NY 10006

TITLE
NAME T
STREET ADDRESS WEBB, JOHN A
CITY-ST-ZIP 100 SUNPORT LANE, ROOM 22-00
ORLANDO FL 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

T
Heckmann, Kenneth
100 Sunport Lane
Orlando, FL 32809

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth P. Heckmann* Kenneth P. Heckmann

Date

4/30/99

Daytime Phone #

407-826-2106

CR2E034 (11/98)