

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H04799

1. Entity Name

UNIVERSITY CADILLAC, INC.

Principal Place of Business

Mailing Address

6363 N.W. 6TH WAY  
SUITE 400  
FT. LAUDERDALE FL 33309

6363 N.W. 6TH WAY  
SUITE 400  
FT. LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2414451

Applied For  
Not Applicable

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

CERA, NANCY L  
MORSE OPERATIONS, INC.  
6363 NW 6TH WAY, SUITE 400  
FT. LAUDERDALE FL 33309

Name  
MACINNES, DENNIS M.  
Street Address (P.O. Box Number is Not Acceptable)  
MORSE OPERATIONS, INC.  
6363 NW 6TH WAY, SUITE 400  
City  
FORT LAUDERDALE FL Zip Code  
33309

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

1/4/01

Dennis M. Macinnes, Secretary/Treasurer

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MORSE, EDWARD J 6363 N.W. 6TH WAY, SUITE 400 FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORSE, EDWARD J JR 6363 N.W. 6TH WAY, SUITE 400 FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEAVER, RICHARD L 6363 N.W. 6TH WAY, SUITE 400 FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CERA, NANCY L 6363 N.W. 6TH WAY, SUITE 400 FT. LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACINNES, DENNIS M 6363 NW 6TH WAY, SUITE 400 FORT LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MACINNES, DENNIS, M. 6363 NW 6TH WAY, SUITE 400 FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Dennis M. Macinnes, Secretary/Treasurer

January 4, 2001

954-351-0055

Date

Daytime Phone #

CR2E034 (10/00)

0249841

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90144 040 \*\*\*158.75



DO NOT WRITE IN THIS SPACE