

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K84025

(1)

1. Corporation Name

UNIVERSITY TECH CENTER I, INC.



Principal Place of Business

5300 W CYPRESS STE 290
STE 290
TAMPA FL 33607
US

Mailing Address

5300 W CYPRESS STE 290
STE 290
TAMPA FL 33607
US

3. Date Incorporated or Qualified
04/28/1989

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

21 4902 Eisenhower Blvd.

Suite, Apt. #, etc.

22 Suite 155

City & State

23 Tampa, FL

Zip

24 33634

Country

25 USA

2a. Mailing Address

26 4902 Eisenhower Blvd.

Suite, Apt. #, etc.

27 Suite 155

City & State

28 Tampa, FL

Zip

29 33634

Country

30 USA

4. FEI Number
75-2284397

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME KELLY, PATRICK
STREET ADDRESS 5300 W CYPRESS
CITY-ST-ZIP TAMPA FL

TITLE VP ☐ DELETE
NAME GERARD, CORBINO
STREET ADDRESS 5300 W CYPRESS
CITY-ST-ZIP TAMPA FL

TITLE VP ☐ DELETE
NAME DEVANE JR. DONALD L.
STREET ADDRESS 5300 W CYPRESS
CITY-ST-ZIP TAMPA FL

TITLE S ☐ DELETE
NAME WOODWARD, DAN
STREET ADDRESS 5300 W CYPRESS
CITY-ST-ZIP TAMPA FL

TITLE AS ☐ DELETE
NAME SALEMME, SUSAN
STREET ADDRESS 5300 W CYPRESS
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Kelly, Patrick
1.3 STREET ADDRESS 4902 Eisenhower Blvd., Ste. 155
1.4 CITY-ST-ZIP Tampa, FL 33634

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME Corbino, Gerard
2.3 STREET ADDRESS 4902 Eisenhower Blvd., Ste. 155
2.4 CITY-ST-ZIP Tampa, FL 33634

3.1 TITLE VP ☒ Change ☐ Addition
3.2 NAME DeVane Jr., Donald L.
3.3 STREET ADDRESS 4902 Eisenhower Blvd., Ste. 155
3.4 CITY-ST-ZIP Tampa, FL 33634

4.1 TITLE S ☒ Change ☐ Addition
4.2 NAME Woodward, Dan
4.3 STREET ADDRESS 4902 Eisenhower Blvd., Ste. 155
4.4 CITY-ST-ZIP Tampa, FL 33634

5.1 TITLE AS ☒ Change ☐ Addition
5.2 NAME Salemme, Susan
5.3 STREET ADDRESS 4902 Eisenhower Blvd., Ste. 155
5.4 CITY-ST-ZIP Tampa, FL 33634

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Gerard Corbino GERARD CORBINO

23 APR 96

Date

813-885-7443

Daytime Phone #

CR2E034 (12/95)