

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009034

1. Entity Name

UNIVERSITY CLUB COMMUNICATIONS, LLC

Principal Place of Business

831 N. MONROE STREET
TALLAHASSEE FL 32303

Mailing Address

831 N. MONROE STREET
TALLAHASSEE FL 32303

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

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, THOMAS W
831 N. MONROE STREET
TALLAHASSEE FL 32303

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

.FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MANAGING PARTNER MEMBER**
STREET ADDRESS **THOMAS WEST ALLEN III**
CITY-ST-ZIP **831 N. MONROE ST.
TALLAHASSEE, FL 32303**

TITLE ☐ Change ☒ Addition
NAME **MANAGING MEMBER**
STREET ADDRESS **THOMAS W. ALLEN III**
CITY-ST-ZIP **831 N. MONROE ST
TALLAHASSEE, FL 32303**

TITLE ☐ Delete
NAME **THOMAS C. PROCTOR, JR.**
STREET ADDRESS **MEMBER**
CITY-ST-ZIP **1713 MAHAN DRIVE SUITE C
TALLAHASSEE, FL 32308**

TITLE ☐ Change ☒ Addition
NAME **MEMBER**
STREET ADDRESS **THOMAS C. PROCTOR, JR**
CITY-ST-ZIP **1713 MAHAN DR., SUITE C
TALLAHASSEE, FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

✓ 1/24/01
FILED

01 APR 26 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)