

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000956

1. Entity Name

UNIVERSITY CLUB APARTMENTS OF ORLANDO, L.C.

FILED

00 JAN 25 PM 3: 39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1713 MAHAN DRIVE

SUITE C

TALLAHASSEE FL 32308

Mailing Address

1713 MAHAN DRIVE

SUITE C

TALLAHASSEE FL 32308-5201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

59-3374174

4. FEI Number

59-3374174

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PROCTOR, M. JULIAN

227 SOUTH CALHOUN STREET

TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

TITLE NAME  
MEM PROCTOR, THOMAS C  
STREET ADDRESS 1713 MAHAN DRIVE  
CITY- ST- ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE NAME  
MGR UNIVERSITY CLUB MANAGEMENT OF ORLANDO, INC  
STREET ADDRESS 1713 MAHAN DRIVE, SUITE C  
CITY- ST- ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE NAME  
MEM BROWNING, ROBERT JR  
STREET ADDRESS 1713 MAHAN DR., SUITE C  
CITY- ST- ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE NAME  
MEM VINEYARD, BENJAMIN  
STREET ADDRESS 3306 DALE AVE  
CITY- ST- ZIP ST JOSEPH MI 48506 ☐ Delete

TITLE NAME  
MEM DOZIER, LAURIE III  
STREET ADDRESS 1713 MAHAN DR., SUITE C  
CITY- ST- ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE NAME  
MEM EDUCATIONAL FACILITIES GROUP, INC.  
STREET ADDRESS 1713 MAHAN DR., SUITE C  
CITY- ST- ZIP TALLAHASSEE FL 32308 ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/19/2000

850 878-0852

Date

Daytime Phone #