

2001 UNIFORM BUSINESS REPORT (UBR)

00036 3 AF

DOCUMENT # L95000000956

1. Entity Name
UNIVERSITY CLUB APARTMENTS OF ORLANDO, L.C.

Principal Place of Business

1713 MAHAN DRIVE
SUITE C
TALLAHASSEE FL 32308

Mailing Address

1713 MAHAN DRIVE
SUITE C
TALLAHASSEE FL 32308

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
VINEYARD, BENJAMIN
3306 DALE AVE
ST JOSEPH MI 64506 ☐ Delete

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

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

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003790485-6
-03/01/01--01008--004
****200.00 *****50.00
☐ Change ☐ Addition

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

1/11/00

(850) 878-0852

Date

Daytime Phone #

FILED

01 FEB 23 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3374174

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

CR2E083 (11/00)