2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 23, 2003 8:00 am **Secretary of State** N01000008639 DOCUMENT # 01-23-2003 90216 050 ****61.25 1. Entity Name MEMBERSHIP TASK FORCE AT UPCC, INC. Principal Place of Business Mailing Address 6603 VIRGINIA CROSSING 6603 VIRGINIA CROSSING UNIVERSITY PARK FL 34201 UNIVERSITY PARK FL 34201 2. Principal Place of Business Mailing Address 3/0 THECK HERE IF MAKING CHANGES 4. FEI Number 65-1153128 City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent SALZMAN, DAVID B ress (P.O. Box Number is Not Acceptable) 6603 VIRGINIA CROSSING **UNIVERSITY PARK FL 34201** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE Change ☐ Addition TITLE SALZMAN, DAVID B NAME NAME STREET ADDRESS 6603 VIRGINIA CROSSING STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP UNIVERSITY PARK FL 34201 **Addition** TITLE ☐ Delete TITLE ☐ Change AHN, BRADLEY D. FLATTERY, PAUL NAME NAME STREET ADDRESS 7211 MARSTON CT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **UNIVERSITY PARK FL 34201** TITLE - T. T. Delete ----☐ Change ☐ Addition TITLE REDMON, A.W. NAME NAME STREET ADDRESS STREET ADDRESS 7366 BARCLAY CT CITY-ST-ZIP CITY-ST-ZIP UNIVERSITY PARK FL 34201 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ÇITY-ST-ZIP TITLE TITE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED