

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


3/1

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-17-2003 90130 031 ****61.25

DOCUMENT # N02000001431

1. Entity Name
UNIVERSITY PLACE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address
3711 CORTEZ RD WEST 3711 CORTEZ RD WEST
BRADENTON FL 34210 BRADENTON FL 34210

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent
BLALOCK, LANDERS, WALTERS & VOLGER, P.A.
802 11TH STREET WEST
BRADENTON FL 34205

4. FEI Number
32-0007523 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional**
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHIER, JAMES R	
STREET ADDRESS	3711 CORTEZ RD WEST	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ASH, CHRIS	
STREET ADDRESS	3711 CORTEZ RD WEST	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HEIM, PRISCILLA	
STREET ADDRESS	3711 CORTEZ RD WEST	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* **F. Heim** Date: **3/13/03** Daytime Phone #: **9413281034**

CR2E037 (10/02)