

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-07-2003 90965 017 ****61.25

DOCUMENT # N02000002650					
1. Entity Name UNIVERSITY COMMUNITY BULLS, INC.					
Principal Place of Business 14615 N. 22ND ST. TAMPA FL 33613			Mailing Address 4202 E. FOWLER AVE., USF 30394 TAMPA FL 33620-3039		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3753824	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANDROLEWICZ, MATTHEW J 4944 EBENBURG DR. TAMPA FL 33647			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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 3/21/03 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME ANDROLEWICZ, MATTHEW J STREET ADDRESS 4944 EBENBURG DR. CITY-ST-ZIP TAMPA FL 33647	<input checked="" type="checkbox"/> Delete		TITLE P/D NAME Dee Bryant STREET ADDRESS 8206 Clermont Street. CITY-ST-ZIP Tampa, FL 33637	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME BRYANT, DEE STREET ADDRESS 5604 DREW CT. CITY-ST-ZIP TAMPA FL 33619	<input checked="" type="checkbox"/> Delete		TITLE V/D NAME Lynne Hampton STREET ADDRESS 12202 N. 22nd Street, #928 CITY-ST-ZIP Tampa, FL 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME JONES, KATRINA STREET ADDRESS 14002 SAN CASA PLACE, #8 CITY-ST-ZIP TAMPA FL 33613	<input checked="" type="checkbox"/> Delete		TITLE T/D NAME Katrina Highsmith STREET ADDRESS 3806 E. Crawford Street, Tampa, FL CITY-ST-ZIP 33604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME MCBRIDE, NICOLE STREET ADDRESS 9885 MORRIS GLEN WAY CITY-ST-ZIP TAMPA FL 33637	<input checked="" type="checkbox"/> Delete		TITLE S/M/D NAME Greta O'Hara-Morris STREET ADDRESS 2203 E. Okara Road, Tampa, FL CITY-ST-ZIP 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MCBRIDE, TRAVIS STREET ADDRESS 9885 MORRIS GLEN WAY CITY-ST-ZIP TAMPA FL 33637	<input checked="" type="checkbox"/> Delete		TITLE D/H/D NAME Reggie Twiggs STREET ADDRESS 2026 Plantation, Brandon, FL CITY-ST-ZIP 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SANCHEZ-HORN, ROXANA STREET ADDRESS 24429 PAINTER DR. CITY-ST-ZIP LAND O'LAKES FL 34639	<input checked="" type="checkbox"/> Delete		TITLE H/D NAME Erica White STREET ADDRESS 2307 E. Liberty Street, Tampa, FL CITY-ST-ZIP 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 3/21/03 DAYTIME PHONE #: 985-7058		

CR2E037 (10/02)