FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 19 PM 3:37

AMENDED

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

DOCUMENT # N02000005843

1. Entity Name
UNIVERSITY COMMONS COMMERCIAL CENTER EAST ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 515 NORTH FLAGLER DRIVE<br>SUITE 500<br>WEST PALM BEACH, FL 33401 | 515 NORTH FLAGLER DRIVE<br>SUITE 500<br>WEST PALM BEACH, FL 33401 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5109 Creekside Trail<br>Suite, Apt. #, etc. | 5109 Creekside Trail<br>Suite, Apt. #, etc. |
| City & State: Sarasota, Florida | City & State: Sarasota, Florida |
| Zip: 34243 Country: | Zip: 34243 Country: |

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 13-4259829 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLADFELTER, LESLIE H
1023 MANATEE AVENUE WEST
BRADENTON, FL 34205

7. Name and Address of New Registered Agent

Name: Jim Detorres
Street Address (P.O. Box Number is Not Acceptable): 5109 Creekside Trail
City: Sarasota FL Zip Code: 34243

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: Jim Detorres 12-15-03
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Initial or Amended UBR

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PSTD<br>FISH, EDWARD A<br>65 ALLERTON STREET<br>BOSTON, MA 02119 | X Delete | D<br>Arnold, Tina<br>160 Pointe Loop Drive<br>Venice, FL 34293 | ☐ Change | X Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>GELB, STEVEN F<br>515 NORTH FLAGLER DRIVE SUITE 600<br>WEST PALM BEACH, FL 33401 | X Delete | D<br>Cozzi, Robert M.<br>1038 West Road<br>New Canaan, CT 06840 | ☐ Change | X Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>FISH, JOHN F<br>65 ALLERTON STREET<br>BOSTON, MA 02119 | X Delete | D<br>Brown, Stephen J.<br>c/o Casual Restaurant Concepts, Inc.<br>Tampa Bay Marina Ctr., Suite 402 | ☐ Change | X Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 205 South Hoover Blvd.<br>Tampa, FL 33609 | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 300025636223<br>12/19/03--01044--013 **61.25 | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change | ☐ Addition |

CR2E037 (10/02)

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.

12-15-03

SIGNATURE: Robert M. Cozzi, Director 917 6785633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #