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 SUITE 500 WEST PALM BEACH, FL 33401	515 NORTH FLAGLER DRIVE SUITE 500 WEST PALM BEACH, FL 33401

2. Principal Place of Business	3. Mailing Address
5109 Creekside Trail	5109 Creekside Trail
Suite, Apt. #, etc.	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	7. Name and Address of New Registered Agent
GLADFELTER, LESLIE H 1023 MANATEE AVENUE WEST BRADENTON, FL 34205	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 resigning) 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: PSTD NAME: FISH, EDWARD A STREET ADDRESS: 65 ALLERTON STREET CITY-ST-ZIP: BOSTON, MA 02119	X Delete	TITLE: D NAME: Arnold, Tina STREET ADDRESS: 160 Pointe Loop Drive CITY-ST-ZIP: Venice, FL 34293	☐ Change X Addition
TITLE: VD NAME: GELB, STEVEN F STREET ADDRESS: 515 NORTH FLAGLER DRIVE SUITE 500 CITY-ST-ZIP: WEST PALM BEACH, FL 33401	X Delete	TITLE: D NAME: Cozzi, Robert M. STREET ADDRESS: 1038 West Road CITY-ST-ZIP: New Canaan, CT 06840	☐ Change X Addition
TITLE: VPD NAME: FISH, JOHN F STREET ADDRESS: 65 ALLERTON STREET CITY-ST-ZIP: BOSTON, MA 02119	X Delete	TITLE: D NAME: Brown, Stephen J. STREET ADDRESS: c/o Casual Restaurant Concepts, Inc. CITY-ST-ZIP: Tampa Bay Marina Ctr., Suite 402	☐ Change X Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: 205 South Hoover Blvd. CITY-ST-ZIP: Tampa, FL 33609	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

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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.

SIGNATURE: Robert M. Cozzi, Director — 12-15-03 — 917 6785633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #