2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000332

Entity Name: UPTOWN COUNCIL, INC.

FILED Aug 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 518 N. TAMPA ST. SUITE 300 TAMPA, FL 33602 **New Mailing Address: Current Mailing Address:** 518 N. TAMPA ST. SUITE 300 TAMPA, FL 33602 FEI Number: 20-8732695 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAMILTON, THEODORE J 1010 N. FLÓRIDA AVE. TAMPA, FL 33602 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DOHRING, ABBEY Name: Name: Address: 518 N. TAMPA ST.; SUITE 300 Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: () Delete Title: () Change () Addition HAMILTON, THEODORE J Name: Name: Address: 1010 N. FLORIDA AVE. Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: () Delete Title: () Change () Addition DOHRING-HICKS, BRENDA Name: Name: 518 N TAMPA ST, SUITE 300 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MINDER, GREG Name: 601 N. ASHLEY DRIVE; SUITE 600 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: Title: () Delete () Change () Addition GOETZ, KARI Name: Name: 518 N. TAMPA ST.; SUITE 300 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: () Delete Title: () Change () Addition HODGES, HARRY Name: Name: Address: 518 N. TAMPA ST. Address: TAMPA, FL 33602 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEODORE J. HAMILTON D 08/01/2008