2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N07000011318

Entity Name: UNIVERSITY FAMILY ORGANIZATION, INC.

Current Principal Place of Business:

3301 COLLEGE AVE., SONKEN BLDG.
FT. LAUDERDALE, FL 33314

New Principal Place of Business:

Current Mailing Address:

8930 W. STATE RD. 84
PO BOX 231
DAVIE, FL 33324

New Mailing Address:

FEI Number: 26-1459350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TOBIN, HOLLY A.
11250 NW 7TH ST.
PLANTATION, FL 33325 US

Name and Address of New Registered Agent:

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:

Title:	DP	( ) Delete
Name:	TOBIN, HOLLY	
Address:	3301 COLLEGE AVE., SONKEN BLDG.	
City-St-Zip:	FT. LAUDERDALE, FL 33314	
Title:	DEV	( ) Delete
Name:	ELLMAN, EVAN	
Address:	3301 COLLEGE AVE., SONKEN BLDG.	
City-St-Zip:	FT. LAUDERDALE, FL 33314	
Title:	DV	( ) Delete
Name:	SHECHTMAN, KIM	
Address:	3301 COLLEGE AVE., SONKEN BLDG.	
City-St-Zip:	FT. LAUDERDALE, FL 33314	
Title:	V	( ) Delete
Name:	STONE, FELICIA	
Address:	3301 COLLEGE AVE., SONKEN BLDG.	
City-St-Zip:	FT. LAUDERDALE, FL 33314	
Title:	V	( ) Delete
Name:	LEWIS, SUSIE	
Address:	3301 COLLEGE AVE., SONKEN BLDG.	
City-St-Zip:	FT. LAUDERDALE, FL 33314	
Title:	V	( ) Delete
Name:	LISS, NANCY	
Address:	3301 COLLEGE AVE., SONKEN BLDG.	
City-St-Zip:	FT. LAUDERDALE, FL 33314	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: EVAN ELLMAN DEV 01/29/2009

Electronic Signature of Signing Officer or Director — Date