## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000000368

FILED Jun 16, 2009 Secretary of State

Entity Name: THE UNIVERSITY CLUB FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

150 E. CENTRAL BLVD. ORLANDO, FL 32801 US

Current Mailing Address: New Mailing Address:

150 E. CENTRAL BLVD. ORLANDO, FL 32801 US

FEI Number: 59-3176469 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:

JONES, GINA
150 E CENTRAL BLVD
ORLANDO, FL 32801 US
GREENE, SUSAN GM
150 E CENTRAL BLVD
ORLANDO, FL 32801 US

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: SUSAN GREENE 06/16/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: VAUGHN, HARDY Name: ELSEA, JOHN

 Name:
 VACCIIN, FIARDY
 Name:
 EBSEA, 30 IIIN

 Address:
 711 ALBA DRIVE
 Address:
 2016 ALDEN ROAD

 City-St-Zip:
 ORLANDO, FL 32804
 City-St-Zip:
 ORLANDO, FL 32801

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: WATSON, GAVIN Name: EIDSON, TED

 Address:
 1101 POINSETTA AVENUE
 Address:
 PO BOX 4908

 City-St-Zip:
 ORLANDO, FL 32804
 City-St-Zip:
 ORLANDO, FL 32802

Title: D () Delete Title: D (X) Change () Addition
Name: ROBINSON, KEN Name: VAUGHN, HARDY

Address: 498 LAKE DESTINY DRIVE Address: 711 ALBA

City-St-Zip: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32804

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 TERRITO, JOSEPH

 Address:
 Address:
 12701 E. LAKE LOUISA ROAD

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32711

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: GINA M. VARITEK CNTR 06/16/2009