

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010119

Entity Name: UNIVERSITY PRESERVE, INC.

FILED  
Feb 07, 2009  
Secretary of State

## Current Principal Place of Business:

250 INTERNATIONAL PARKWAY  
SUITE 114  
LAKE MARY, FL 32746

## New Principal Place of Business:

201 SOUTH ORANGE AVE  
STE 720  
ORLANDO, FL 32801

## Current Mailing Address:

250 INTERNATIONAL PARKWAY  
SUITE 114  
LAKE MARY, FL 32746

## New Mailing Address:

201 SOUTH ORANGE AVE  
STE 720  
ORLANDO, FL 32801

FEI Number: 59-3696213

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FESS, MICHAEL D  
250 INTERNATIONAL PARKWAY  
SUITE 114  
LAKE MARY, FL 32746 US

## Name and Address of New Registered Agent:

FESS, MICHAEL D  
201 SOUTH ORANGE AVE  
STE 720  
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:

02/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CALHOUN, MICHAEL D  
Address: 51 OAKLEIGH LANE  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: FESS, MICHAEL D  
Address: 2615 ROSE ISLE CIRCLE  
City-St-Zip: ORLANDO, FL 32803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CALHOUN, MICHAEL D  
Address: 1971 LEE RD  
City-St-Zip: WINTER PARK, FL 32789

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. CALHOUN

D

02/07/2009

Electronic Signature of Signing Officer or Director

Date