FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90508 001 ****50.00
05-14-2002 90508 002 ****50.00
05-14-2002 90508 003 ****50.00

DOCUMENT # P34016

1. Entity Name
UNIVERSITY COMMONS PROPERTY CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
431 OFFICE PARK DRIVE
Suite, Apt. #, etc.
City & State: BIRMINGHAM, AL
Zip: 35223 Country: USA

3. Mailing Address
431 OFFICE PARK DRIVE
Suite, Apt. #, etc.
City & State: BIRMINGHAM, AL
Zip: 35223 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: CORPORATION INFORMATION SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYES STREET
City: TALLAHASSEE FL Zip Code: 32301

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CS
NAME	MICHAEL A. MOURON
STREET ADDRESS	2836 CANOE BROOK LN.
CITY-ST-ZIP	BIRMINGHAM, AL 35243
TITLE	P
NAME	ROB HOWLAND
STREET ADDRESS	1901 MAYFAIR DRIVE
CITY-ST-ZIP	BIRMINGHAM, AL 35209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Rob Howland ROB HOWLAND 4/29/02 (205)414-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #