2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000035379

Name:

Address:

City-St-Zip:

SCHIER, JAMES R

8210 LAKEWOOD BLVD.

BRADENTON, FL 34202

Entity Name: UNIVERSITY PARK RESTAURANT ASSOCIATES INC.

FILED Apr 09, 2009 Secretary of State

LINKY NAME: UNIVERSITI FARK RESTAURANT ASSOCIATES, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
7671 THE PARK BLVD. UNIVERSITY PARK, FL 34201				7671 THE PARK BLVD. UNIVERSITY PARK, FL	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202 US				7671 THE PARK BLVD. UNIVERSITY PARK, FL 34201	
FEI Number:	65-0580062	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
HARTENSTINE, J. MICHAEL 200 SOUTH ORANGE AVE. SARASOTA, FL 34236 US			200 SOUTH ORANGE	HARTENSTINE, J. MICHAEL 200 SOUTH ORANGE AVE SARASOTA, FL 34236 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:				04/09/2009	
		Signature of Registered Ager Frust Fund Contribution ().		Date S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		pelete R. D.		O Change () Addition	
Title: Name: Address: City-St-Zip:	VPSD () E BYRNES, KAREN 8210 LAKEWOOI BRADENTON, FL	D BLVD.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	VPTD ()E	Pelete	Title: () Change ()Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES R SCHIER VPDT 04/09/2009