

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90028 041 ***550.00

DOCUMENT # P98000074675			
1. Entity Name UNIVERSITY CLUB DEVELOPMENT CORPORATION			
Principal Place of Business 2065 THOMASVILLE ROAD TALLAHASSEE FL 32308		Mailing Address P.O. BOX 547 TALLAHASSEE FL 32302	
2. Principal Place of Business - No P.O. Box # 401 E. VIRGINIA ST.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TALLAHASSEE FL		City & State	
Zip 32301	Country US	Zip	Country
6. Name and Address of Current Registered Agent PROCTOR, M. JULIAN JR. 227 S. CALHOUN ST. TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State		S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PROCTOR, THOMAS C SR. 2065 THOMASVILLE ROAD TALLAHASSEE FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PROCTOR, THOMAS SR. 401 E. VIRGINIA ST. TALLAHASSEE, FL 32301 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PROCTOR, THOMAS C JR. 2065 THOMASVILLE ROAD TALLAHASSEE FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PROCTOR, THOMAS C. JR. 401 E. VIRGINIA ST. TALLAHASSEE, FL 32301 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MT PROCTOR, JOHN R 2065 THOMASVILLE ROAD TALLAHASSEE FL 32308 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PROCTOR, ROCHELLE C 2065 THOMASVILLE ROAD TALLAHASSEE FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS C. PROCTOR, JR.

Date

8/3/2007

Daytime Phone #

(850) 878-0852