

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000089318

FILED  
Feb 24, 2003  
Secretary of State

**Entity Name:** UNIVERSITY CLUB MANAGEMENT OF GAINESVILLE, INC.

**Current Principal Place of Business:**

384 SOUTH FRANKLIN BLVD  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

215 EAST 5TH AVENUE  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

215 EAST 5TH AVENUE  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 59-3603157      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PROCTOR, THOMAS C JR.  
384 SOUTH FRANKLIN BLVD  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

PROCTOR, THOMAS C JR.  
215 EAST 5TH AVENUE  
TALLAHASSEE, FL 32303      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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/24/2003

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: PROCTOR, THOMAS C SR.  
Address: 1511 SPRUCE AVENUE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VSD ( ) Delete  
Name: PROCTOR, THOMAS C JR.  
Address: 1307 LEMOND STREET  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: PROCTOR, THOMAS C SR.  
Address: 1511 SPRUCE AVENUE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS C PROCTOR, SR.

Electronic Signature of Signing Officer or Director

PSTD

02/24/2003

Date