

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749066

**Entity Name:** UNIVERSITY BOULEVARD BETTERMENT ASSOCIATION,INC.

**FILED**  
**Feb 20, 2014**  
**Secretary of State**  
**CC2472901820**

**Current Principal Place of Business:**

4133 UNIVERSITY BLVD., SOUTH  
STE. 1  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4133 UNIVERSITY BLVD., SOUTH  
STE. 1  
JACKSONVILLE, FL 32216 US

**FEI Number: 59-1934509**

**Certificate of Status Desired: No**

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

HOLBROOK, H. LEON  
2301 INDEPENDENT SQUARE  
JACKSONVILLE, FL 32202 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VD  
Name SNYDER, CHARLES  
Address 4131 UNIVERSITY BLVD., SOUTH  
City-State-Zip: JACKSONVILLE FL 32216

Title PD  
Name KOIVISTO, JAMES H  
Address 4133 UNIVERSITY BLVD., SOUTH  
City-State-Zip: JACKSONVILLE FL 32216

Title D  
Name KOIVISTO, JOAN  
Address 4133 UNIVERSITY BLVD., SOUTH  
City-State-Zip: JACKSONVILLE FL 32216

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES H KOIVISTO**

**PD**

**02/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date