2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State
03-22-2001 90020 026 ****61.25

DOCUMENT # 711032

1. Entity Name

EDGEWOOD CHILDREN'S RANCH, INC.

Principal Place of Business	Mailing Address
1451 EDGEWOOD RANCH RD. ORLANDO FL 32835	1451 EDGEWOOD RANCH RD. ORLANDO FL 32835

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1150182 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONSOLVER, JOAN E 1451 EDGEWOOD RANCH ROAD ORLANDO FL 32835	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.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT PETTIGREW, ROBERT 315 N BUMBY ORLANDO FL 32802 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Donald E. Potts 1000 Universal Studios Plaza Orlando, FL 32819 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT PUGHE, T. ANDREW 2100 S HIAWASSEE RD ORLANDO FL 32835 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Lait, VCT 11449 Lake Butler Blvd Windermere, FL 34786 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT POTTS, DONALD E 1000 UNIVERSAL STUDIOS PLAZA ORLANDO FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT Ken Brewer 2861 S. Delaney Ave. Orlando, FL 32806 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAIT, MICHAEL H 11449 LAKE BUTLER BLVD WINDERMERE FL 34786 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Malcolm Ross 5922 Tarawood Drive Orlando, FL 32819 ☒ 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 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 617, 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 REQUIRED 03-19-01 407/295-2464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/00)