

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

04-18-2001 90183 001 ***211.25

DOCUMENT # N92000000283

1. Entity Name

UNIVERSITY CLUB OF ORLANDO, INC.

Principal Place of Business

Mailing Address

150 E CENTRAL BLVD
 ORLANDO FL 32801

150 E CENTRAL BLVD
 ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0491072

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

JONES, GINA
 150 E CENTRAL BLVD
 ORLANDO FL 32801

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

TITLE	PPS	<input checked="" type="checkbox"/> Delete
NAME	AUSLEY, PAUL "BUZ"	
STREET ADDRESS	500 E PRINCETON ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WATSON, GAVIN	
STREET ADDRESS	8617 BAY RIDGE BLVD.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	PP	<input type="checkbox"/> Delete
NAME	YOUNG, TERRY C	
STREET ADDRESS	215 N. 80LA AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, DAVE	
STREET ADDRESS	837 N GARLAND AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	PP	<input type="checkbox"/> Delete
NAME	ROBINSON, KEN	
STREET ADDRESS	1910 ALDEN ROAD	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raleigh F. Scay	
STREET ADDRESS	717 N. Magnolia Ave	
CITY-ST-ZIP	Orlando FL 32803	
TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Davis	
STREET ADDRESS	215 E. Robinson Street Suite 580	
CITY-ST-ZIP	Orlando FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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: *Michael Davis* MICHAEL D. DAVIS, TREASURER 3/27/01 (407) 425-2514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #