

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003423

1. Entity Name

A GIFT FOR TEACHING, INC.

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90044 003 \*\*\*\*61.25

Principal Place of Business 2814 CORRINE DRIVE ORLANDO FL 32803 US	Mailing Address 2814 CORRINE DRIVE ORLANDO FL 32803-2226 US
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>59-3515162</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LANDWIRTH, GARY**  
**2814 CORRINE DR**  
**ORLANDO FL 32803**

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.

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALLEN, SUE</b> <b>6501 MAGIC WY</b> <b>ORLANDO FL 32809</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAMPBELL, SCOTT</b> <b>1000 UNIVERSAL STUDIOS PLAZA</b> <b>ORLANDO FL 32819</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CIFERS, DOUG</b> <b>2435 DUFF RD</b> <b>LAKELAND FL 33810</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EVENSEN, JEFF</b> <b>219 MONTEREY ISLE N</b> <b>LONGWOOD FL 32750</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREENWOOD, DARRYL</b> <b>PO BOX 10000 N/A</b> <b>LAKE BUENA VISTA FL 32830</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOUCK, KEITH</b> <b>201 E PINE ST</b> <b>ORLANDO FL 32801</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STAN ARON</b> <b>5900 LAKE ELLENOR DRIVE</b> <b>ORLANDO FL 32809</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SCOTT CAMPBELL</b> <b>1000 UNIVERSAL STUDIOS PLAZA</b> <b>ORLANDO FL 32819</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCOTT BOWMAN</b> <b>8701 MAITLAND SUMMIT BLVD.</b> <b>ORLANDO FL 32810</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LABRON CHANCE</b> <b>6277 SEA HARBOR DRIVE</b> <b>ORLANDO, FL 32887</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANDREA ELISCU</b> <b>1514 LAKE DANIEL DRIVE</b> <b>ORLANDO FL 32804</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>KEITH HOUCK</b> <b>201 E. PINE ST.</b> <b>ORLANDO FL 32801</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 of Gary Landwirth **GARY LANDWIRTH** 3/1/00 407-897-3612  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

Attachment  
D# N9800003423  
D0029248

**A Gift For Teaching, Inc.  
Board of Directors (continued)  
1999-2000**

**Title** D  
**Name** Marcia Hope Goodwin  
**Street Address** 129 E. Gore Street  
**City-State-Zip** Orlando, FL 32806

**Title** D  
**Name** Dale Lindon  
**Street Address** 716 Vassar Street  
**City-State-Zip** Orlando, FL 32804

**Title** D  
**Name** Jon Land  
**Street Address** 1375 Lake Buena Vista Dr.  
**City-State-Zip** Lake Buena Vista, FL 32830

**Title** P  
**Name** Gary Landwirth  
**Street Address** 2814 Corrine Drive  
**City-State-Zip** Orlando, FL 32803

**Title** D  
**Name** Karen Loughheed  
**Street Address** 17608 Deer Isle Circle  
**City-State-Zip** Winter Garden, FL 34787

**Title** D  
**Name** Kevin Murphy  
**Street Address** 6474 Wellington Drive  
**City-State-Zip** Orlando, FL 32819

**Title** D  
**Name** Christopher D. Rolle  
**Street Address** 390 North Orange Avenue  
**City-State-Zip** Orlando, FL 32801

**Title** D  
**Name** Lauren Sigman  
**Street Address** 600 E. Colonial Drive  
**City-State-Zip** Orlando, FL 32803

**Title** D  
**Name** Amanda Spafford  
**Street Address** 200 S. Orange Avenue  
**City-State-Zip** Orlando, FL 32801

**Title** T  
**Name** Cathy Sterba  
**Street Address** 3100 Clay Avenue  
**City-State-Zip** Orlando, FL 32804

**Title** D  
**Name** Robert W. Thielhelm  
**Street Address** 200 S. Orange Avenue  
**City-State-Zip** Orlando, FL 32801

**Title** D  
**Name** Norman P. Thompson  
**Street Address** 250 North Orange Avenue  
**City-State-Zip** Orlando, FL 32801

**Title** D  
**Name** Robert F. Wagner  
**Street Address** 14901 S. Orange Blossom Tr.  
**City-State-Zip** Orlando, FL 32837

**Title** D  
**Name** Suzanne Wells  
**Street Address** 30 South Ivey Lane  
**City-State-Zip** Orlando, FL 32811