

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 21 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V45572** (7)

1. Corporation Name

UNIVERSITY PERFORMING ARTS CENTRE, INC.

Principal Place of Business

65 ALAFAYA WOODS BLVD.
OVIDEO FL 32765

Mailing Address

65 ALAFAYA WOODS BLVD.
OVIDEO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/22/1992

3a. Date of Last Report
04/28/1994

4. FEI Number
59-3153768

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business
21 **75 Alafaya Woods Blvd.**

2a. Mailing Address
26 **75 Alafaya Woods Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Oviedo, FL**

28 **Oviedo, FL**

24 **32765**

25 **USA**

29 **32765**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUMPHRIES, J. GREGORY
201 EAST PINE STREET
SUITE 701
ORLANDO FL 32801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTS**
NAME **FREED-SIEGFRIED, JUDI**
STREET ADDRESS **65 ALAFAYA WOODS BLVD.**
CITY - ST - ZIP **OVIDEO FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **75 Alafaya Woods Blvd.**
1.4 CITY - ST - ZIP

TITLE **V**
NAME **SIEGFRIED, KEVIN**
STREET ADDRESS **65 ALAFAYA WOODS BLVD.**
CITY - ST - ZIP **OVIDEO FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **75 Alafaya Woods Blvd.**
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kevin Siegfried
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95

407-366-5779