

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90027 022 ***150.00

CR2E034 AV

DOCUMENT # V45572

1. Entity Name
UNIVERSITY PERFORMING ARTS CENTRE, INC.

| | |
|---|---|
| Principal Place of Business 160 ALEXANDRIA BLVD OVIEDO FL 32765 US | Mailing Address 160 ALEXANDRIA BLVD OVIEDO FL 32765 US |
|---|---|



DO NOT WRITE IN THIS SPACE

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

| | |
|------------------------------------|--|
| 4. FEI Number 59-3153768 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent HUMPHRIES, J. GREGORY 201 EAST PINE STREET SUITE 701 ORLANDO FL 32801 | 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

| | | | |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTS FREED-SIEGFRIED, JUDI 160 ALEXANDRIA BLVD OVIEDO FL 32765 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SIEGFRIED, KEVIN 160 ALEXANDRIA BLVD OVIEDO FL 32765 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **2/9/02** **407-346-7996** **346-5779**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)