

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071478

1. Entity Name

WALT DISNEY WORLD HOSPITALITY & RECREATION CORPO

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90049 027 ***150.00

Principal Place of Business 1375 BUENA VISTA DRIVE 4TH FLOOR NORTH LAKE BUENA VISTA FL 32830	Mailing Address 500 S BUENA VISTA ST BURBANK CA 91521-0001 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
IOPPOLO, FRANK S 1375 BUENA VISTA DRIVE 4TH FLOOR NORTH LAKE BUENA VISTA FL 32830		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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	PD GREEN, JUDSON C 500 S BUENA VISTA ST BURBANK CA 91521 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, JUDSON C. 500 SOUTH BUENA VISTA STREET BURBANK, CA 91521 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITVACK, SANFORD M 500 S BUENA VISTA STREET BURBANK CA 91521 <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	SD REED, MARSHA L 500 S BUENA VISTA STREET BURBANK CA 91521 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD REED, MARSHA L. 500 SOUTH BUENA VISTA STREET BURBANK, CA 91521 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT CARPENTER, FARRIS E 1375 BUENA VISTA DR, 4TH FLOOR LAKE BUENA VISTA FL 32830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISS, ALLEN R. 1375 BUENA VISTA DRIVE, FOURTH FLOOR NORTH LAKE BUENA VISTA, FL 32830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BUETTNER, ANNE L 500 S BUENA VISTA ST BURBANK CA 91521 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCFO HUNT, JAMES S. 1375 BUENA VISTA DRIVE, FOURTH FLOOR NORTH LAKE BUENA VISTA, FL 32830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HANFORD, JAMES D 500 S BUENA VISTA ST BURBANK CA 91521 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SCHMUDDE, LEE 1375 BUENA VISTA DRIVE, FOURTH FLOOR NORTH LAKE BUENA VISTA, FL 32830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

MARSHA L. REED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00

Date

(818) 560-1000

Daytime Phone #

CR2E034 (9/99)