

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V45572

**Entity Name:** UNIVERSITY PERFORMING ARTS CENTRE, INC.

**Current Principal Place of Business:**

160 ALEXANDRIA BLVD  
OVIEDO, FL 32765

**Current Mailing Address:**

593 WEST PALM VALLEY DR  
OVIEDO, FL 32765 US

**FEI Number:** 59-3153768

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIEGFRIED, KEVIN  
593 W PALM VALLEY DRIVE  
OVIEDO, FL 32765-9218 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           PTS  
Name           SIEGFRIED, KEVIN  
Address        593 WEST PALM VALLEY DR.  
City-State-Zip: OVIEDO FL 32765

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KEVIN SIEGFRIED

**PRESIDENT**

**02/01/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date