

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 712944 (8)**  
1. Corporation Name  
**UNITED ARTS OF CENTRAL FLORIDA, INC.**



Principal Place of Business <b>250 SOUTH ORANGE AVE. SUITE 130 ORLANDO FL 32801</b>	Mailing Address <b>250 SOUTH ORANGE AVE. SUITE 130 ORLANDO FL 32801</b>
--	--

3. Date Incorporated or Qualified  
**06/15/1967**

4. FEI Number <b>59-1166446</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
------------------------------------	---

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

~~SCHOTT, JAMES L. DR.~~  
% UNITED ARTS  
250 SOUTH ORANGE AVE. STE. 130  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81. Name <b>HILBRICH, GERALD F.</b>
82. Street Address (P.O. Box Number Is Not Acceptable)
83.
84. City <b>FL</b>
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Gerald F. Hilbrich* **GERALD F. HILBRICH, PRESIDENT 1-20-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	KOEHN, GEORGE	
STREET ADDRESS	200 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHOTT, JIM	
STREET ADDRESS	250 S. ORANGE AVE. STE 130	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RIGSBY, JOHN	
STREET ADDRESS	2251 LUCIEN WAY, STE 320	
CITY-ST-ZIP	MAITLAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PUERNER, JOHN	
STREET ADDRESS	633 N ORANGE AVEW	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PUERNER, JOHN P.	
1.3 STREET ADDRESS	633 N. ORANGE AVENUE	
1.4 CITY-ST-ZIP	ORLANDO FL 32801-1349	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HILBRICH, GERALD F.	
2.3 STREET ADDRESS	250 S. ORANGE AVE., STE. 130	
2.4 CITY-ST-ZIP	ORLANDO FL 32801	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALLARD, JEAN-MARC	
3.3 STREET ADDRESS	1936 LEE ROAD	
3.4 CITY-ST-ZIP	WINTER PARK FL 32789	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HINSON, J. A.	
4.3 STREET ADDRESS	60 W. ROBINSON ST.	
4.4 CITY-ST-ZIP	ORLANDO FL 32801	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gerald F. Hilbrich* **GERALD F. HILBRICH 1-20-98 407-435-0377**

CR2E037 (10/97)