

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90050 042 ****61.25

DOCUMENT # 712944

1. Entity Name

UNITED ARTS OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

250 SOUTH ORANGE AVE.
 SUITE 130
 ORLANDO FL 32801

250 SOUTH ORANGE AVE.
 SUITE 130
 ORLANDO FL 32801-3443

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1166446

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILBRICH, GERALD F
% UNITED ARTS
250 SOUTH ORANGE AVE. STE. 130
ORLANDO FL 32801

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.

N/A
 SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	MASSEY, HARVEY	
STREET ADDRESS	610 N. WYMORE RD	
CITY-ST-ZIP	ORLANDO FL 32751	
TITLE	P	<input type="checkbox"/> Delete
NAME	HILBRICH, GERALD F	
STREET ADDRESS	250 S. ORANGE AVE STE 130	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	CTRD	<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	STEINMETZ, LYNN	
STREET ADDRESS	1751 VIA AMALFI	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	DEUTSCH, HUNTING F	
STREET ADDRESS	200 S. ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FENDER, GEORGE	
STREET ADDRESS	1836 WOODWARD ST	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **2/21/2000** 407-425-0277
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)