

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 712944**

1. Entity Name

**UNITED ARTS OF CENTRAL FLORIDA, INC.****FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

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

Principal Place of Business

250 SOUTH ORANGE AVE.  
SUITE 130  
ORLANDO FL 32801

Mailing Address

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 &amp; State

City &amp; State

4. FEI Number

**59-1166446**

Applied For

Not Applicable

Zip

Country

Zip

Country

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** ☐ Delete  
NAME **MASSEY, HARVEY**  
STREET ADDRESS **610 N. WYMORE RD**  
CITY-ST-ZIP **ORLANDO FL 32751**TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **P** ☐ Delete  
NAME **HILBRICH, GERALD F**  
STREET ADDRESS **250 S. ORANGE AVE STE 130**  
CITY-ST-ZIP **ORLANDO FL 32801**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **CTRD** ☐ Delete  
NAME **RIGSBY, JOHN**  
STREET ADDRESS **2251 LUCIEN WAY, STE 320**  
CITY-ST-ZIP **MAITLAND FL**TITLE **TR/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☐ Delete  
NAME **STEINMETZ, LYNN**  
STREET ADDRESS **1751 VIA AMALFI**  
CITY-ST-ZIP **WINTER PARK FL 32789**TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VCD** ☐ Delete  
NAME **DEUTSCH, HUNTING F**  
STREET ADDRESS **200 S. ORANGE AVE**  
CITY-ST-ZIP **ORLANDO FL 32801**TITLE **C/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **TD** ☐ Delete  
NAME **FENDER, GEORGE**  
STREET ADDRESS **1836 WOODWARD ST**  
CITY-ST-ZIP **ORLANDO FL 32803**TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)