

05-27-2002 90441 047 ****61.25

**NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 712944
 1. Entity Name
UNITED ARTS OF CENTRAL FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2715 W. FAIRBANKS AVE.</u>		3. Mailing Address <u>2715 W. FAIRBANKS AVE</u>	
Suite, Apt. #, etc. <u>STE. 200</u>		Suite, Apt. #, etc. <u>STE. 200</u>	
City & State <u>WINTER PARK, FL</u>		City & State <u>WINTER PARK, FL</u>	
Zip <u>32789</u>	Country <u>USA</u>	Zip <u>32789</u>	Country <u>USA</u>

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4. FEI Number
59-1166446

Applied For
 Not Applicable

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

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 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MARGOT H. KNIGHT

Street Address (P.O. Box Number is Not Acceptable)
2715 W. FAIRBANKS AVE. - SUITE 200

City WINTER PARK FL Zip Code 32789

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]* DATE 4/30/02

Signature, typed or printed name of registered agents and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

FEE IS \$61.25
 Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P/D MARGOT H. KNIGHT 2715 W. FAIRBANKS AVE - STE 200 WINTER PARK, FL 32789</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>C/D JAMES SEAY 200 S. ORANGE AVE - STE 2600 ORLANDO, FL 32821</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D KATHLEEN WALTZ 633 N. ORANGE AVE. ORLANDO, FL 32801</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T/D PATRICK KNIPE 4334 TIDEWATER DR. ORLANDO, FL 32812</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S/D RITA LOWNDES 1308 GREEN COVE RD. WINTER PARK, FL 32789</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SEE ATTACHED SCHEDULE OF ADDITIONAL DIRECTORS</u>

**DO NOT WRITE
 IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* MARGOT H. KNIGHT DATE 4/30/02 407.6280333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E037B (12/01)