

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002233**

1. Entity Name

UNIVERSAL CITY RESORT & SPA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6649 WESTWOOD BLVD., STE. 130
ORLANDO FL 32821

Mailing Address

6649 WESTWOOD BLVD., STE. 130
ORLANDO FL 32821-6006

2. Principal Place of Business

7380 Sand Lake Road

3. Mailing Address

7380 Sand Lake Road

Suite, Apt. #, etc.

Suite 120

Suite, Apt. #, etc.

Suite 120

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32819

Country

USA

Zip

32819

Country

USA

4. FEI Number

59-3481543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$7,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P97000089251
NAME UNIVERSAL CITY RESORT & SPA, INC.
STREET ADDRESS 6649 WESTWOOD BLVD., SUITE 130
CITY - ST - ZIP ORLANDO FL 32821

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

7380 Sand Lake Road Suite 120

CITY - ST - ZIP

Orlando, FL 32819

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

500003288895--5

CITY - ST - ZIP

06/14/00-01070-023

****141.25 ****141.25

STREET ADDRESS

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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

5/1/00

407-996-9999