

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90062 043 \*\*\*150.00

**DOCUMENT # K35087**

1. Entity Name  
**ART INSTITUTE OF ORLANDO, INC.**

Principal Place of Business <b>C/O THE PRENTICE-ALL CORPORATION SYSTEM 1201 HAYS T TALLAHASSEE FL 32301 US</b>	Mailing Address <b>C/O EDUCATION MANAGEMENT CORPORATION 300 SIXTH AVE. 8TH FL PITTSBURGH PA 15222 US</b>
---	---

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 **25-1586847**

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KNUTSON, ROBERT B.</b> <b>300 SIXTH AVE</b> <b>PITTSBURGH PA</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCDOWELL, ROBERT T</b> <b>300 6TH AVE, 8TH FLOOR</b> <b>PITTSBURGH PA</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T, D</b> <b>McDowell, Robert T.</b> <b>300 6th Ave., 8th Floor</b> <b>Pittsburgh PA 15222</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>STEINBERG, FREDERICK W-</b> <b>300 6TH AVE, 8TH FLOOR</b> <b>PITTSBURGH PA</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>LINDBERG, DEBORAH A</b> <b>1500 OLIVER BUILDING</b> <b>PITTSBURGH PA 15222</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Asst. S.</b> <b>Kathleen Clover</b> <b>300 6th Ave., 8th Floor</b> <b>Pittsburgh PA 15222</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>DRUCKER, MIRYAM</b> <b>300 SIXTH AVENUE</b> <b>PITTSBURGH PA</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, D</b> <b>Robert P. Gioella</b> <b>300 6th Ave., 8th Floor</b> <b>Pittsburgh PA 15222</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen Clover  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date January 23, 2001 Daytime Phone # 412-562-0900

CR2E034 (10/00)