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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L22224** (4)
1. Corporation Name
UNIVERSAL ENTERTAINMENT & SKATING CENTER, INC.



Principal Place of Business

**866 SOUTH GOLDENROD ROAD
ORLANDO FL 32822
US**

Mailing Address

**315 E ROBINSON ST - STE 800
ORLANDO FL 32801-4308
US**

3. Date Incorporated or Qualified

10/12/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2974408

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26 **P.O. Box 3000**
Suite, Apt. #, etc.

City & State

23

City & State

28 **Orlando, FL**

Zip

24

Country

25

Zip

29 **32802-3000**

Country

30 **US**

9. Name and Address of Current Registered Agent

**MORGAN, ULTIMA D
315 E. ROBINSON ST.
STE. 800
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

Pamela Schwier

82 Street Address (P.O. Box Number is Not Acceptable)

866 South Goldenrod Road

83

84 City

Orlando

FL

85 Zip Code

32822

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ DELETE

NAME **SCHWIER, PAMELA**
STREET ADDRESS **766 GRAND PASEO DRIVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **V** ☐ DELETE

NAME **REEVES, TOM**
STREET ADDRESS **1530 CASA RIO DRIVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-97 407-282-3141

CR2E034 (9/96)