

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007022

1. Entity Name

WALT DISNEY PARKS AND RESORTS, LLC

Principal Place of Business

Mailing Address

1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830
US

500 SOUTH BUENA VISTA STREET
BURBANK, CA 91521-0586
US

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

59-3608084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IOPPOLO, FRANK S.
1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME PRESSLER, PAUL S.
STREET ADDRESS 500 SOUTH BUENA VISTA STREET
CITY-ST-ZIP BURBANK, CA 91521

TITLE MGR ☐ Delete
NAME REED, MARSHA L.
STREET ADDRESS 500 SOUTH BUENA VISTA STREET
CITY-ST-ZIP BURBANK, CA 91521

TITLE MGR ☐ Delete
NAME POLLITT, BYRON
STREET ADDRESS 500 SOUTH BUENA VISTA STREET
CITY-ST-ZIP BURBANK, CA 91521

TITLE MGR ☐ Delete
NAME HANFORD, JAMES D.
STREET ADDRESS 500 SOUTH BUENA VISTA STREET
CITY-ST-ZIP BURBANK, CA 91521

TITLE MGR ☐ Delete
NAME HUNT, JAMES S.
STREET ADDRESS 1375 BUENA VISTA DRIVE
CITY-ST-ZIP LAKE BUENA VISTA, FL 32830

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 000004194540
STREET ADDRESS -05/10/01--01132--005
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member, or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARSHA L. REED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

(818) 560-1000

Daytime Phone #

CR2E083 (11/00)