

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90103 001 \*\*\*\*61.25

**DOCUMENT # N02000005348**

1. Entity Name  
**THE GIFT OF LEARNING FOUNDATION - DOWNTOWN, INC.**



Principal Place of Business

**514 W CENTRAL BLVD  
ORLANDO FL 32801**

Mailing Address

**514 W CENTRAL BLVD  
ORLANDO FL 32801**

2. Principal Place of Business

**512 W CENTRAL BLVD**

Suite, Apt. #, etc.

3. Mailing Address

**512 W CENTRAL BLVD**

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

**ORLANDO, FL**

4. FEI Number

**01-0735758**

Applied For

Not Applicable

Zip

**32801**

Country

Zip

**32801**

Country

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

6. Name and Address of Current Registered Agent

**CATHCART, CHRISTOPHER C ESQUIRE  
210 N WYMORE RD  
WINTER PARK FL 32789**

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **KITE, JENNIFER L**  
STREET ADDRESS **3060 SEIGNUERY DR**  
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **D** ☐ Delete  
NAME **KITE, GREGORY F**  
STREET ADDRESS **3060 SEIGNEURY DR**  
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **D** ☐ Delete  
NAME **JAMES, CHRISTINA**  
STREET ADDRESS **2145 JUDITH PL**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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  
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STREET ADDRESS  
CITY-ST-ZIP

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**Gregory F. Kite, Director**

**3/3/03**

**(407) 843-9988**

CR2E037 (10/02)