


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 21, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90065 014 \*\*\*\*61.25

DOCUMENT # N04000002081					
1. Entity Name TKE ADVISOR BOARD OF UCF INC.					
Principal Place of Business TOM WALTERS 760 LONG LAKE DR. OVIEDO FL 32765			Mailing Address TOM WALTERS 760 LONG LAKE DR. OVIEDO FL 32765		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  WALTERS, TOM 760 LONG LAKE DR. OVEIDO FL 32765			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$81.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM, WALTERS		NAME	Walters, Tom	
STREET ADDRESS	760 LONG LAKE DR.		STREET ADDRESS		
CITY - ST - ZIP	OVIEDO FL 32765		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, SHERMAN		NAME	Sherman, Arnold P	
STREET ADDRESS	477 WILD OAK CIR		STREET ADDRESS		
CITY - ST - ZIP	LONGWOOD FL 32779		CITY - ST - ZIP		
TITLE	SEC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN, BRINK		NAME		
STREET ADDRESS	4206 LAKE ELEANOR DR		STREET ADDRESS		
CITY - ST - ZIP	MT. DORA FL 32757		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Sherman, Aaron	
STREET ADDRESS			STREET ADDRESS	3925 Shawn Circle	
CITY - ST - ZIP			CITY - ST - ZIP	Orlando FL 32826	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Balaschak, James	
STREET ADDRESS			STREET ADDRESS	600 Long Lake Dr	
CITY - ST - ZIP			CITY - ST - ZIP	Oviedo FL 32765	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 like empowered.					
SIGNATURE: <i>James G. Balaschak</i>		James G. Balaschak		4/25/04 407 359 1028	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	