


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90182 012 \*\*\*\*61.25

DOCUMENT # N04000002081

1. Entity Name  
 TKE ADVISOR BOARD OF UCF INC.



Principal Place of Business  
 600 LONG LAKE DR.  
 OVEIDO, FL 32765

Mailing Address  
 600 LONG LAKE DR.  
 OVEIDO, FL 32765

60035639



2. Principal Place of Business - No P.O. Box #  
 7800 Lake Dawn Dr  
 Suite, Apt. #, etc.

3. Mailing Address  
 7800 Lake Dawn Dr  
 Suite, Apt. #, etc.

04282008 Chg-NP CR2E037 (12/06)

City & State  
 Winter Park FL

City & State  
 Winter Park FL

Zip  
 32792

Country

Zip  
 32792

Country

4. FEI Number  
 NOT APPLICABLE

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

JAMES BALASCHAK  
 600 LONG LAKE DR  
 OVEIDO, FL 32765

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 7800 Lake Dawn Dr

City  
 Winter Park FL Zip Code  
 32792

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 James O Balaschak DATE 4/28/2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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	SEC	<input type="checkbox"/> Delete
NAME	SHERMAN, AARON	
STREET ADDRESS	3925 SHOWN DR	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHERMAN, ARNOLD	
STREET ADDRESS	477 WILD OAK CIR	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	T	<input type="checkbox"/> Delete
NAME	BALASCHAK, JAMES	
STREET ADDRESS	600 LONG LAKE DR	
CITY-ST-ZIP	OVEIDO, FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James O Balaschak DATE 4/28/2008 DAYTIME PHONE # 407-599-1008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR