

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04783

1. Entity Name

CENTRAL FLORIDA INNOVATION CORPORATION

APPROVED  
AND  
FILED

00 MAY -1 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 201 EAST PINE STREET SUITE 1200 ORLANDO FL 32801	Mailing Address 201 EAST PINE STREET SUITE 1200 ORLANDO FL 32801-2725
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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4. FEI Number 59-2469191	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, BYRD F JR  
201 E PINE STREET, SUITE 1200  
ORLANDO FL 32801

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.

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  
Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DAVID 201 E. PINE ST., STE. 1200 ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMBERLAKE, EDMUND C 201 E PINE STREET, SUITE 1200 ORLANDO FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARION, FRED L PHD 201 E. PINE STREET, SUITE 1200 ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOGA, LEE 201 E. PINE STREET, SUITE 1200 ORLANDO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, JOHN 201 E PINE ST STE 1200 ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, DIANNE M 201 E. PINE STREET, SUITE 1200 ORLANDO FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400003260104-3 -05/19/00-01113-002 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED** Byrd F. Marshall, Jr Secretary

407-843-8880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/98)

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**EXHIBIT "A"**  
**TO**  
**2000 UNIFORM BUSINESS REPORT**  
**ADDITIONAL DIRECTORS AND OFFICERS**  
**CENTRAL FLORIDA INNOVATION CORPORATION**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tanja Goff 201 E. Pine Street, Suite 1200 Orlando, Florida 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D M.J. Soileau 201 E. Pine Street, Suite 1200 Orlando, Florida 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Byrd F. Marshall, Jr. 201 E. Pine Street, Suite 1200 Orlando, Florida 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Parrish 201 E. Pine Street, Suite 1200 Orlando, Florida 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Timothy O'Toole 201 E. Pine Street, Suite 1200 Orlando, Florida 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steve Miller 201 E. Pine Street, Suite 1200 Orlando, Florida 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Darrell Kelley 201 E. Pine Street, Suite 1200 Orlando, Florida 32801	

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Exhibit A  
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Central Florida Innovation Corporation  
Additional Directors and Officers  
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Derrick Wallace 201 E. Pine Street, Suite 1200 Orlando, Florida 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Schwartz 201 E. Pine Street, Suite 1200 Orlando, Florida 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marilyn Simmons 201 E. Pine Street, Suite 1200 Orlando, Florida 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Richard Fox 201 E. Pine Street, Suite 1200 Orlando, Florida 32801	