

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90121 006 ****61.25

DOCUMENT # N04783

1. Entity Name

CENTRAL FLORIDA INNOVATION CORPORATION



Principal Place of Business

**301 E. PINE STREET., STE 1400
ORLANDO FL 32801**

Mailing Address

**301 E. PINE STREET., STE 1400
ORLANDO FL 32801**

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 **59-2469191**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARSHALL, BYRD F JR
301 E. PINE STREET., STE 1400
ORLANDO FL 32801**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **KITAOKA, BEVERLY**
STREET ADDRESS **301 E. PINE STREET., STE 1400**
CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **D** ☐ Delete
NAME **TIMBERLAKE, EDMUND C**
STREET ADDRESS **301 E. PINE STREET., STE 1400**
CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **D** ☐ Delete
NAME **SOILEAU, M J**
STREET ADDRESS **301 E. PINE STREET., STE 1200**
CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **DS** ☐ Delete
NAME **MARSHALL, BYRD F JR.**
STREET ADDRESS **301 E. PINE STREET., STE 1400**
CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **DT** ☐ Delete
NAME **O'TOOLE, TIMOTHY**
STREET ADDRESS **301 E. PINE STREET., STE 1400**
CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **D** ☐ Delete
NAME **JACOBS, DIANNE M**
STREET ADDRESS **301 E. PINE STREET., STE 1400**
CITY-ST-ZIP **ORLANDO FL 32801**

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 like empowered.

SIGNATURE:

[Signature]

4/30/03 407-243-3300

CR2E037 (10/02)

att



NO4783
11030645

2003 UNIFORM BUSINESS REPORT

ADDITIONAL DIRECTORS AND OFFICERS

CENTRAL FLORIDA INNOVATION CORPORATION

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert McCarthy 301 E. Pine Street, Suite 1200 Orlando, Florida 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steve Miller 301 E. Pine Street, Suite 1200 Orlando, Florida 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marilyn Simmons 301 E. Pine Street, Suite 1200 Orlando, Florida 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom Radovich 301 E. Pine Street, Suite 1200 Orlando, Florida 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Derrick Wallace 301 E. Pine Street, Suite 1200 Orlando, Florida 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Richard Fox 301 E. Pine Street, Suite 1200 Orlando, Florida 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jacob Stuart 301 E. Pine Street, Suite 1200 Orlando, Florida 32801

Attachment N 04783-11030645

TITLE	D
NAME	Sanford Shugart
STREET ADDRESS	301 E. Pine Street, Suite 1200
CITY-ST-ZIP	Orlando, Florida 32801
TITLE	D
NAME	G. Thomas Ball
STREET ADDRESS	301 E. Pine Street, Suite 1200
CITY-ST-ZIP	Orlando, Florida 32801
TITLE	D
NAME	Rick Schooler
STREET ADDRESS	301 E. Pine Street, Suite 1200
CITY-ST-ZIP	Orlando, Florida 32801