FILED DOCUMENT # **N18454** 1. Entity Name May 02, 2000 8:00 am THE FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS. Secretary of State 02-15-2000 90047 017 ****61.25 Principal Place of Business Mailing Address 445 W. AMELIA AVENUE 32801-0271 PO BOX 271 P.O. BOX 271 ORLANDO FL 32801 ORLANDO FL 32802-0271 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2788435 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PRATT, PAULA 390 N ORANGE AVE STE 1500 PO BOX 1391 Zin Code City ORLANDO FL 32802 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) **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. 🛭 Delete CD ☐ Change X Addition TIME TITLE President NAME W. Robert McClelland NAME HEALY, LARRY STREET ADDRESS STREET ADDRESS Beers Construction, 60 N. Court Av, #100 390 N. ORANGE AVE, NATIONSBANK CITY-ST-ZiP CITY-ST-ZIP ORLANDO FL 32801 Orlando FL 32801 Change Addition 33772 EÐ 3.77.7 Steled Treasurer D SANTOMASSINO, ROCKY NAME STREET ADDRESS STREET ADDRESS PO BOX 538239 CITY-ST-ZIP CITY-ST-71P ORLANDO FL 32853 Secretary Addition TITLE SD Delete TITLE 70 · ☐ Change Lexa Ruoff MINDICK, BOB NAME NAME STREET ADDRESS STREET ADDRESS Universal Studios, 1000 Universal St. Plz 7007 SEA WORLD DR CITY ST ZIP CITY-ST-ZIP ORLANDO FL 32821 Orlando FL 32819 Member at Large Addition TD Delete X Change D NAME STERBA, CATHY STREET ADDRESS 390 N. ORANGE AVENUE STREET ADDRESS CUTY-ST-ZIP CUTY- ST- 71P ORLANDO FL 32801 ITHE Change Addition | TITLE ED Defete NAME NAME PEED, NANCY STREET ADDRESS STREET ADDRESS 445 W AMELIA ST CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 Chairman of Board TITLE PD TITLE (A) Change ☐ Addition ☐ Delete D NAME NAME PRATT, PAULA STREET ADDRESS STREET ADDRESS P.O. Box 1391 PO BOX 880 N/A

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.

CITY-ST-ZIP

Nancy F. Peed SIGNATURE:

WINTER PARK FL 32790

SIGNATURE AND TYPED OR PHIN ED NAME OF SIGNING OFFICER OR DIRECTOR Feb 9, 2000 317-3261

Orlando FL 32802