2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 18, 2000 8:00 am
Secretary of State
04-26-2000 90045 002 ****61.25

DOCUMENT # N30352

1. Entity Name

ORLANDO-UCF SHAKESPEARE FESTIVAL, INC.

Principal Place of Business	Mailing Address
~~30 SO. MAGNOLIA~~ 812 E. ROLLINS ST. SUITE ~~250~~ 100 ORLANDO FL ~~32801~~ 32803 US	~~30 S MAGNOLIA~~ 812 E. ROLLINS ST STE ~~250~~ 100 ORLANDO FL ~~32801-3983~~ 32803 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
812 E. Rollins ST	812 E. Rollins St.
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Orlando, FL	City & State Orlando, FL
Zip 32803 Country U.S.	Zip 32803 Country U.S.

4. FEI Number 59-2931698 ☐ 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
BOYLES, WILLIAM A. 201 E. PINE STREET SUITE 1200 ORLANDO FL 32801	Name F+L Corp. Street Address (P.O. Box Number is Not Acceptable) The Greenleaf Bldg., 3rd Floor 200 Laura Street City Jacksonville FL Zip Code 32201-6240

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 John A. Sanders, Agent — 4/20/00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~SUCHER, CYNTHIA~~ ~~30 SO MAGNOLIA AVE. STE 250~~ ~~ORLANDO FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SUSAN ARKIN (PRES.) 350 WHITE CIRCLE MAITLAND, FL 32751	☐ Change ☒ Addition D.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PICKETT, DIANE 30 S MAGNOLIA AVE STE 250 ORLANDO FL 32801	☐ Delete D.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ~~GOLLING, TERESA~~ ~~30 S MAGNOLIA SUITE 250~~ ~~ORLANDO FL 32801~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JACKIE PAPPAS (VP) 641 BONITA DR. WINTER PARK, FL 32789	☐ Change ☒ Addition D.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PRADETTE, NANCY 30 SO MAGNOLIA AVE. STE 250 ORLANDO FL	☐ Delete D.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~QUINN, PAUL S~~ ~~201 E PINE ST STE 1200~~ ~~ORLANDO FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOHN SANDERS (SEC) 641 WILLIAMS DR WINTER PARK, FL 32789	☐ Change ☒ Addition D.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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] SECRETARY AND DEAN — 4-20-00 — 407/893-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #