

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

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90094 041 ****61.25

DOCUMENT # N30352

1. Entity Name

ORLANDO-UCF SHAKESPEARE FESTIVAL, INC.



Principal Place of Business

**812 E ROLLINS ST
STE 100
ORLANDO FL 32803
US**

Mailing Address

**812 E ROLLINS ST
STE 100
ORLANDO FL 32803
US**

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 **59-2931698**

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

**F& L CORP
THE GREENLEAF BLDG., 3RD FLOOR
200 LAURA ST
JACKSONVILLE FL 32201-0240**

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 ☐ Delete
NAME **PD PAPPAS, JACKIE**
STREET ADDRESS **641 BONITA DRIVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE ☒ Delete
NAME **VPD PICKETT, DIANE**
STREET ADDRESS **1521 HARRIS CIRCLE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Change ☒ Addition
NAME **VPD 2 WILLIAMS, RAWN**
STREET ADDRESS **3801 IRON EDGE DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32808**

TITLE ☐ Delete
NAME **VPD SANDERS, JOHN**
STREET ADDRESS **641 WILLIAMS DRIVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE ☒ Delete
NAME **T FENDER, GEORGE**
STREET ADDRESS **1109 SWEETBRIAR RD**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Change ☒ Addition
NAME **T TERRY, JOSEPH S**
STREET ADDRESS **685 ROSEMERE CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE ☒ Delete
NAME **SD SANCOMASSINO, ROCKY**
STREET ADDRESS **1612 LORENA LANE**
CITY-ST-ZIP **ORLANDO FL 32802**

TITLE ☐ Change ☒ Addition
NAME **SD MCLAUGHLIN, MACK**
STREET ADDRESS **922 N LAKEWOOD AVE**
CITY-ST-ZIP **OCOE, FL 34761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Mary Ann Dean* **MARY ANN DEAN** 1-7-03 407/447-1700

CR2E037 (10/02)