

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N49926**

1. Entity Name

STEPPING STONE FOUNDATION, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90070 050 ****61.25

Principal Place of Business 515 N ORANGE BLOSSOM TR ORLANDO FL 32805 US	Mailing Address 515 N, ORANGE BLOSSOM TR ORLANDO FL 32805-1437 US
---	---



DO NOT WRITE IN THIS SPACE

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 59-3139883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GASTALDO, EDWARD
515 N ORANGE BLOSSOM TR
ORLANDO FL 32805

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE	CD <input type="checkbox"/> Delete
NAME	ARKIN, J G
STREET ADDRESS	111 N ORANGE AVE STE 1800
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> Delete
NAME	MCLEARN, SHARON
STREET ADDRESS	1414 KUHL AVE
CITY-ST-ZIP	ORLANDO FL 32806
TITLE	V <input type="checkbox"/> Delete
NAME	GASTALDO, EDWARD
STREET ADDRESS	515 N. ORANGE BLOSSOM TR.
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> Delete
NAME	FREEMAN, ARTHUR L
STREET ADDRESS	7007 SEA WORLD DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEARN, SHARON
STREET ADDRESS	211 EAST COLONIAL DRIVE
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED** **4-7-00** **407-649-4100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)