

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N92000000566 (1)**

1. Corporation Name

**UNIVERSITY HIGH SCHOOL FOUNDATION AND ENDOWMENT  
FUND, INC.**

Principal Place of Business

Mailing Address

**11501 EASTWOOD DRIVE  
SUITE 1200  
ORLANDO FL 32817  
US****11501 EASTWOOD DRIVE  
SUITE 1200  
ORLANDO FL 32817-3503  
US**3. Date Incorporated or Qualified  
**12/03/1992**3a. Date of Last Report  
**01/29/1996**4. FEI Number  
**59-3172951**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOYLES, WILLIAM A  
201 E PINE STREET  
SUITE 1200  
ORLANDO FL 32801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **COTTRILL, LEW**  
STREET ADDRESS **12496 FOREST EDGE CIR**  
CITY-ST-ZIP **ORLANDO FL 32828**1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE **D** ☐ DELETE  
NAME **CUNNINGHAM, JUDITH**  
STREET ADDRESS **2309 ECON CIRCLE #346**  
CITY-ST-ZIP **ORLANDO FL 32817**2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE **D** ☐ DELETE  
NAME **STOKES, DAVID W.**  
STREET ADDRESS **275 EL PRADO AVE.**  
CITY-ST-ZIP **ORLANDO FL 32825**3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE **D** ☐ DELETE  
NAME **SELL, PENNY**  
STREET ADDRESS **31 WEST HARVARD**  
CITY-ST-ZIP **ORLANDO FL**4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE **D** ☐ DELETE  
NAME **HITT, JOHN C**  
STREET ADDRESS **P.O. BOX 25000/NA**  
CITY-ST-ZIP **ORLANDO FL 32816**5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE **D** ☐ DELETE  
NAME **KIRKPATRICK, DAWN**  
STREET ADDRESS **100 BEDFORD ROAD**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Lewis R. Cottrill** (407) 1/29/97 275-7627  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017336

CR2E037 (9/96)