

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90152 045 ****61.25

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1. Corporation Name

UNIVERSITY HIGH SCHOOL FOUNDATION AND ENDOWMENT
FUND, INC.

Principal Place of Business

11501 EASTWOOD DRIVE
ORLANDO FL 32817
US

Mailing Address

11501 EASTWOOD DRIVE
ORLANDO FL 32817
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

12/03/1992

4. FEI Number

59-3172951

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME COTTRILL, LEW
STREET ADDRESS 12496 FOREST EDGE CIR
CITY-ST-ZIP ORLANDO FL 32828

TITLE D ☐ DELETE

NAME SELL, PENNY L
STREET ADDRESS 1330 SW IVANHOE BLVD
CITY-ST-ZIP ORLANDO FL 32804

TITLE D ☐ DELETE

NAME NNADI, OLA
STREET ADDRESS 13412 SPASH CT
CITY-ST-ZIP ORLANDO FL 32828

TITLE D ☐ DELETE

NAME SELL, PENNY
STREET ADDRESS 31 WEST HARVARD
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME HITT, JOHN C
STREET ADDRESS P.O. BOX 25000/NA
CITY-ST-ZIP ORLANDO FL 32816

TITLE D ☐ DELETE

NAME VEAZEY, CHRISTOPHER
STREET ADDRESS 682 DELTONA BLVD
CITY-ST-ZIP DELTONA FL 32725

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

(407) 275-7629

Date

Daytime Phone #

CR2E037 (11/98)