

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N92000000566**

1. Entity Name

**UNIVERSITY HIGH SCHOOL FOUNDATION AND ENDOWMENT**

Principal Place of Business

11501 EASTWOOD DRIVE  
ORLANDO FL 32817  
US

Mailing Address

11501 EASTWOOD DRIVE  
ORLANDO FL 32817-3503  
US

2. Principal Place of Business

**11550 Lokanotusa Tr.**

3. Mailing Address

**11550 Lokanotusa Tr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

4. FEI Number

**59-3172951**

Applied For

Not Applicable

Zip  
**32817**

Country  
**US**

Zip  
**32817**

Country  
**US**

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

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

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COTTRILL, LEW</b>	
STREET ADDRESS	<b>12496 FOREST EDGE CIR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32828</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SELL, PENNY L</b>	
STREET ADDRESS	<b>1330 SW IVANHOE BLVD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NNADI, OLA</b>	
STREET ADDRESS	<b>13412 SPASH CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32828</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SELL, PENNY</b>	
STREET ADDRESS	<b>31 WEST HARVARD</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HITT, JOHN C</b>	
STREET ADDRESS	<b>P.O. BOX 25000/NA</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32816</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VEAZEY, CHRISTOPHER</b>	
STREET ADDRESS	<b>682 DELTONA BLVD</b>	
CITY-ST-ZIP	<b>DELTONA FL 32725</b>	

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		
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Anna D. Diaz</b>	
STREET ADDRESS	<b>4529 Hidden Beach Circle</b>	
CITY-ST-ZIP	<b>Orlando, FL 32819</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Capt. Ralph Malone</b>	
STREET ADDRESS	<b>12611 Country Meadow Ct.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32828</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Stan Aronberg</b>	
STREET ADDRESS	<b>13449 Dornoch Dr.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32828</b>	

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: **Penny L. Sell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/00 407-482-8735**

Date

Daytime Phone #

CR2E037 (9/99)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90033 012 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE