

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2002 8:00 am  
Secretary of State

01-30-2002 90112 002 \*\*\*\*61.25

DOCUMENT # N92000000566

1. Entity Name

UNIVERSITY HIGH SCHOOL FOUNDATION AND ENDOWMENT  
FUND, INC.

Principal Place of Business

Mailing Address

11550 LOKANOTUSA TR  
ORLANDO FL 32817  
US

11550 LOKANOTUSA TR  
ORLANDO FL 32817  
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

59-3172951

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

BOYLES, WILLIAM A  
301 E PINE STREET  
SUITE 1400  
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 ☐ Delete  
NAME COTTRILL, LEW  
STREET ADDRESS 12496 FOREST EDGE CIR  
CITY-ST-ZIP ORLANDO FL 32828

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

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

TITLE ☒ Change ☐ Addition  
NAME Vazquez, Jr. Fernando  
STREET ADDRESS 7944 Pine Crossing Cir. #227  
CITY-ST-ZIP Orlando, FL 32807

TITLE ☒ Delete  
NAME HILL, LUTHER  
STREET ADDRESS 4249 ANDOVER CAY  
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Change ☒ Addition  
NAME NEFF, Robert G.  
STREET ADDRESS 437 E. HILLCREST ST.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ Delete  
NAME DIAZ, ANNA D  
STREET ADDRESS 6529 HIDDEN BEACH CIRCLE  
CITY-ST-ZIP ORLANDO FL 32819

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

TITLE ☒ Delete  
NAME MALONE, RALPH CAPT  
STREET ADDRESS 12611 COUNTRY MEADOW CT  
CITY-ST-ZIP ORLANDO FL 32828

TITLE ☐ Change ☒ Addition  
NAME Williams, Deborah  
STREET ADDRESS 502 Dunblane Drive  
CITY-ST-ZIP Winter Park, FL 32792

TITLE ☒ Delete  
NAME ARONBERG, STAN  
STREET ADDRESS 13649 DORNOCH DR  
CITY-ST-ZIP ORLANDO FL 32828

TITLE ☐ Change ☐ Addition  
NAME SELL, PENNY L.  
STREET ADDRESS 1330 SW. IVANHOE BLVD  
CITY-ST-ZIP ORLANDO, FL 32804

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/2002 407 482-8700

EX. 2543

CR2E037 (9/01)