

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90125 044 ****61.25

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1. Entity Name

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



Principal Place of Business

**11550 LOKANOTUSA TR
ORLANDO FL 32817
US**

Mailing Address

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **COTTRILL, LEW**
STREET ADDRESS **12496 FOREST EDGE CIR**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **LEW COTTRILL** ☒ Change ☐ Addition
NAME **1726 FOX GLEN CT.**
STREET ADDRESS **WINTER SPRINGS, FL 32708**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **VAZQUEZ, FERNANDO JR**
STREET ADDRESS **7944 PINE CROSSING CIR #227**
CITY-ST-ZIP **ORLANDO FL 32807**

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

TITLE **D** ☐ Delete
NAME **NEFF, ROBERT G**
STREET ADDRESS **437 E HILLCREST ST**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

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

TITLE **D** ☐ 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 **P** ☐ Delete
NAME **WILLIAMS, DEBORAH**
STREET ADDRESS **502 DUNBLANE DR**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE **D** ☐ Delete
NAME **SELL, PENNY L**
STREET ADDRESS **13649 DORNOCH DR**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE ☐ Change ☐ 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 of Lew Cottrill
LEW COTTRILL

1/12/2003

CR2E037 (10/02)