


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000003646</b> 1. Entity Name UNIVERSITY OF ORLANDO, INC.	
---	---

Principal Place of Business 6441 E COLONIAL DR ORLANDO, FL 32807 US	Mailing Address PO BOX 112 ORLANDO, FL 32801
---	--

**DO NOT WRITE IN THIS SPACE**



02112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3206383	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SHARP, JOEL H JR 200 S ORANGE AVE., STE 2300 ORLANDO, FL 32801	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$81.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR REED, JOHN A JR 6441 E COLONIAL DR ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LAUTEN, FREDERICK J 1819 N SEMORAN BLVD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHASE, JAMES L 6441 E COLONIAL ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR STROKER, R J 1819 N SEMORAN BLVD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SANTORO, ANTHONY J 6441 E COLONIAL DR ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR COHEN, JAY P 1819 N SEMORAN BLVD ORLANDO, FL

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **3/25/05** **407-649-4019**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #