

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # N93000003646

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



01192007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3206383	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHARP, JOEL H JR
200 S ORANGE AVE., STE 2300
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TCOB
SHARP, JOEL H
200 S. ORANGE AVE., SUITE 2300
ORLANDO, FL 32801

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

Date

(407) 649-4019

Daytime Phone #