2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N93000003646

Entity Name: UNIVERSITY OF ORLANDO, INC.

Current Principal Place of Business:

6441 E COLONIAL DR
ORLANDO, FL 32807 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 112
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3206383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TCOB ( ) Delete
Name: SHARP, JOEL H
Address: 200 S. ORANGE AVE., SUITE 2300
City-St-Zip: ORLANDO, FL 32801

Title: TR ( ) Delete
Name: LAUTEN, FREDERICK J
Address: 1819 N SEMORAN BLVD
City-St-Zip: ORLANDO, FL

Title: P ( ) Delete
Name: CHASE, JAMES L
Address: 6441 E COLONIAL
City-St-Zip: ORLANDO, FL 32807

Title: TR ( ) Delete
Name: STROKER, R J
Address: 1819 N SEMORAN BLVD
City-St-Zip: ORLANDO, FL

Title: TR ( ) Delete
Name: SANTORO, ANTHONY J
Address: 6441 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32807

Title: TR ( ) Delete
Name: COHEN, JAY P
Address: 1819 N SEMORAN BLVD
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL H. SHARP COB 02/19/2009

Electronic Signature of Signing Officer or Director — Date