

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 06, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000002058**

1. Entity Name  
 MAKE-A-WISH FOUNDATION OF CENTRAL FLORIDA, INC.

Principal Place of Business 880 N. ORANGE AVENUE SUITE 200 ORLANDO 32801	Mailing Address 880 N. ORANGE AVENUE SUITE 200 ORLANDO 32801
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2. Principal Place of Business 663 HAROLD AVENUE	3. Mailing Address 663 HAROLD AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WINTER PARK FL	City & State WINTER PARK FL	4. FEI Number <b>59-3235806</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 32789	Country US	Zip 32789	Country US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KINNEY ROBERT J.  
 880 N. ORANGE AVENUE  
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name  
KINNEY ROBERT J.  
 Street Address (P.O. Box Number is Not Acceptable)  
 1920 S. PARK AVENUE  
 City  
SANFORD FL Zip Code  
32771

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 ROBERT J. KINNEY DATE 03/06/2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LYONS DANIEL M. 2152 ALAQUA DRIVE LONGWOOD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEWTON SHARON 6564 ABERCROMBIE CT ORLANDO FL 32835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ABRAHAM WENDELL S. 1323 OLYMPIA PARK CIRCLE OCOEE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE ROSS E. 2832 WAYMEYER DR ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O O KEVIN P. 708 GLEN EALGE DRIVE WINTER SPRINGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BANKS LISA J 1013 OCEANBREEZE COURT ORLANDO FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINNEY ROBERT 1920 S. PARK AVENUE SANFORD FL 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAM JEFFREY 3974 ST. ARMEN'S MELBOURNE FL 32934 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JASMUND LISA 916 SEVILLE PLACE ORLANDO FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAYNE ROSS E. 2832 WAYMEYER DR ORLANDO FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SITARIK SHERRIE 320 HEMMINGWAY COURT OVIEDO FL 32765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BANKS LISA J 1013 OCEANBREEZE COURT ORLANDO FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.