

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90050 021 ***150.00

C0068819

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000071529.

1. Entity Name

WALT DISNEY WORLD CO.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1375 LAKE BUENA VISTA DRIVE

3. Mailing Address

500 SOUTH BUENA VISTA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4TH FLOOR NORTH

City & State

City & State

LAKE BUENA VISTA, FL

BURBANK, CA

Zip

Country

Zip

Country

32830

US

91521-0586

US

4. FEI Number

95-2412883

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

IOPPOLO, FRANK S.

1375 BUENA VISTA DRIVE

4TH FLOOR NORTH

LAKE BUENA VISTA, FL 32830

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **WEISS, ALLEN R.**
CITY-ST-ZIP **200 CELEBRATION PLACE
CELEBRATION, FL 34747**

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

TITLE ☐ Delete
NAME **VS**
STREET ADDRESS **SCHMUDDE, LEE**
CITY-ST-ZIP **1375 BUENA VISTA DRIVE
LAKE BUENA VISTA, FL 32830**

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

TITLE ☐ Delete
NAME **SVCFO**
STREET ADDRESS **HUNT, JAMES S.**
CITY-ST-ZIP **1375 BUENASVISTA DRIVE
LAKE BUENA VISTA, FL 32830**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GREEN, JUDSON C.**
CITY-ST-ZIP **500 SOUTH BUENA VISTA STREET
BURBANK, CA 91521**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LITVACK, SANFORD M.**
CITY-ST-ZIP **500 SOUTH BUENA VISTA STREET
BURBANK, CA 91521**

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

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **REED, MARSHA L.**
CITY-ST-ZIP **500 SOUTH BUENA VISTA STREET
BURBANK, CA 91521**

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA L. REED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-00

(818) 560-1000

CR2E034 (9/99)