

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110290

1. Entity Name

HEART OF LOVE, INC.

FILED

Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90065 009 ***150.00

Principal Place of Business

Mailing Address

1000 UNIVERSAL STUDIOS PLAZA
BUILDING 22A, SUITE 247
ORLANDO FL 32819

1000 UNIVERSAL STUDIOS PLAZA
BUILDING 22A, SUITE 247
ORLANDO FL 32819

2. Principal Place of Business

Disney-MGM Studios

3. Mailing Address

P.O. Box 22946

Suite, Apt. #, etc.

Trailer D-12

Suite, Apt. #, etc.

City & State

Lake Buena Vista, FL

City & State

Lake Buena Vista, FL

4. FEI Number

59-3618789

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip
32830

Country
USA

Zip
32830

Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WHITACRE, WILLIAM L
1000 UNIVERSAL STUDIOS PLAZA
BUILDING 22A, SUITE 247
ORLANDO FL 32819

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 PD
NAME HALE, GREGG
STREET ADDRESS 1000 UNIVERSAL STUDIOS PLAZA BLDG 22A #247
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

TITLE VD
NAME SANCHEZ, EDUARDO
STREET ADDRESS 1000 UNIVERSAL STUDIOS PLAZA BLDG 22A #247
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

TITLE VD
NAME MYRICK, DANIEL
STREET ADDRESS 1000 UNIVERSAL STUDIOS PLAZA BLDG 22A #247
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

TITLE SD
NAME MONELLO, MICHAEL
STREET ADDRESS 1000 UNIVERSAL STUDIOS PLAZA BLDG 22A #247
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

TITLE TD
NAME COWIE, ROBIN
STREET ADDRESS 1000 UNIVERSAL STUDIOS PLAZA BLDG 22A #247
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

(407)560-3415

Daytime Phone #

CR2E034 (9/99)