

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S80692

1. Entity Name

CELEBRATION INSTITUTE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90133 033 ***150.00

Principal Place of Business

1375 BUENA VISTA DR.
4TH FLOOR. N.
LAKE BUENA VISTA FL 32830
US

Mailing Address

500 SOUTH BUENA VISTA STREET
BURBANK CA 91521-0001
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

500 SOUTH BUENA VISTA STREET

Suite, Apt. #, etc.

City & State

BURBANK, CA

Zip

91521-0586

Country

US

4. FEI Number

59-3125100

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 DR.
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 **S** ☒ Delete
NAME **PITT, LAWRENCE B**
STREET ADDRESS **1375 BUENA VISTA DR**
CITY-ST-ZIP **LAKE BUENA VISTA FL 32830**

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

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

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

TITLE **PD** ☒ Delete
NAME **SHINN, ROBERT L**
STREET ADDRESS **200 CELEBRATION PLACE**
CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE **P** ☐ Change ☒ Addition
NAME **READER, PERRY J.**
STREET ADDRESS **610 SYCAMORE STREET, SUITE 310**
CITY-ST-ZIP **CELEBRATION, FL 34747**

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

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

TITLE **T** ☒ Delete
NAME **OUIMET, MATTHEW A**
STREET ADDRESS **1375 BUENA VISTA DR.**
CITY-ST-ZIP **LAKE BUENA VISTA FL 32830**

TITLE **AT** ☐ Change ☒ Addition
NAME **BUETTNER, ANNE L.**
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**
CITY-ST-ZIP **BURBANK, CA 91521**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/24/00

(818) 560-1000

Daytime Phone #

CR2E034 (9/99)