Entity Name: UNITED ARTS OF CENTRAL FLORIDA, INC.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

2450 MAITLAND CENTER PARKWAY SUITE 201 MAITLAND, FL 32751

DOCUMENT# 712944

Current Mailing Address:

2450 MAITLAND CENTER PARKWAY SUITE 201 MAITLAND, FL 32751 US

FEI Number: 59-1166446

Name and Address of Current Registered Agent:

STEELE, JULIANA M 2450 MAITLAND CENTER PARKWAY SUITE 201 MAITLAND, FL 32751 US Certificate of Status Desired: No

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

Officer/Director Detail :

Officer/Director Detail :				
Title	CHAIRMAN	Title	EX OFFICIO	
Name	GRONO-NOWRY, JEAN	Name	LANDMAN GONZALEZ, LINDA	
Address	315 GROVELAND ST	Address	8701 MAITLAND SUMMIT BLVD	
City-State-Zip:	ORLANDO FL 32804	City-State-Zip:	ORLANDO FL 32810	
Title Name	PRESIDENT GARCIA, FLORA MARIA	Title Name	SECRETARY QUIGLEY, JENNIFER	
Address	2450 MAITLAND CENTER PARKWAY SUITE 201	Address	201 N MAGNOLIA AVE	
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	ORLANDO FL 32801	
T '4.	DIDECTOR	Title	DIRECTOR	
Title		Name	BRITT, HOWARD	
Name Address	420 S ORANGE AVE	Address	1049 WILLA SPRINGS DR SUITE 1001	
City-State-Zip:	SUITE 1200 ORLANDO FL 32802	City-State-Zip:	WINTER SPRINGS FL 32708	
T :41-	DIRECTOR	Title	DIRECTOR	
Title Name		Name	GILBERT, SUZANNE	
Address	FAHMIE, DEBBIE 817 BILL BECK BLVD	Address	200 S ORANGE AVE SUITE 2600	
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	ORLANDO FL 32801	

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE:	JULIANA STEELE	CFO	01/18/2017

Electronic Signature of Signing Officer/Director Detail

FILED Jan 18, 2017 Secretary of State CC0191223819

Date

Date

Officer/Director Detail Continued :

Title	DIRECTOR ALTERNATE, TRUSTEE ALTERNATE	Title	DIRECTOR
Name	GOODWIN, MARCIA HOPE	Name	HARRINGTON, ROSEANN E
Address	PO BOX 4990	Address	100 W ANDERSON ST
City-State-Zip:	ORLANDO FL 32802-4990	City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR	Title	DIRECTOR, TRUSTEE
Name	HENSLEY, EDWARD	Name	CONSTANTINE, HON. LEE
Address	4700 MILLENIA BLVD	Address	1101 E FIRST ST
City State Zing		City-State-Zip:	SANFORD FL 32771
City-State-Zip:	ORLANDO FL 32839	Title	DIRECTOR, TRUSTEE
Title	DIRECTOR, TRUSTEE	Name	JENKINS, TONY
Name	JENKINS, DR. BARBARA	Address	610 CRESCENT EXECUTIVE CT
Address	PO BOX 271	Addreed	SUITE 600
City-State-Zip:	ORLANDO FL 32802	City-State-Zip:	LAKE MARY FL 32746
Title	DIRECTOR, TRUSTEE ALTERNATE	Title	DIRECTOR
Name	LARTONOIX, PAUL	Name	MOORE, CHRISTINE
Address	5013 CYPRESS BRANCH POINT	Address	PO BOX 271
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	ORLANDO FL 32801
Title	EX OFFICIO	Title	DIRECTOR
Name	OLSON, TERRENCE	Name	PEREZ-KELLEY, PENELOPE
Address	PO BOX 1393	Address	215 E LIVINGSTON ST
City-State-Zip:	ORLANDO FL 32802	City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR	Title	CFO
Name	WILSON, KATE	Name	STEELE, JULIANA M
Address	800 N MAGNOLIA AVE	Address	2450 MAITLAND CENTER PARKWAY SUITE 201
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	MAITLAND FL 32751
Title	TRUSTEE, DIRECTOR	Title	DIRECTOR
Name	ALTMIRE, JASON	Name	DUDA, JUDITH
Address	4800 DEERWOOD CAMPUS PKY	Address	1721 REBEL RUN
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	OVIEDO FL 32765
Title	DIRECTOR	Title	DIRECTOR
Name	MCGEE, ANN DR.	Name	SANDLER, RICHARD DR.
Address	100 WELDON BLVD	Address	13535 NEMOURS PARKWAY
City-State-Zip:	SANFORD FL 32773-6119	City-State-Zip:	ORLANDO FL 32827
Title	DIRECTOR	Title	DIRECTOR
Name	BAKER, PAUL	Name	BLANC, DAVID
Address	6400 SANGER RD	Address	6251 CHANCELLOR DR
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32809
Title	VICE PRESIDENT, TRUSTEE	Title	DIRECTOR, TRUSTEE
Name	MACPHEE, JIM	Name	GHERTNER, STEPHANIE
Address	200 SHOWBIZ BLVD	Address	1000 DARDEN CENTER DR
City-State-Zip:	LAKE BUENA VISTA FL 32830	City-State-Zip:	ORLANDO FL 32837
Title	TREASURER	Title	DIRECTOR, TRUSTEE

Name	O'KEEFE, DANIEL	Name	THOMPSON, HON. JENNIFER
Address	1210 S ORLANDO AVE SUITE 1600	Address	201 S ROSALIND AVE 5TH FLOOR
City-State-Zip:	ORLANDO FL	City-State-Zip:	ORLANDO FL 32802
Title	DIRECTOR, TRUSTEE	Title	DIRECTOR
Name	HUBBARD, BONNIE	Name	JONES, MARK
Address	PO BOX 40	Address	1414 KUHL AVE
City-State-Zip:	WINTER PARK FL 32790	City-State-Zip:	ORLANDO FL 32806
Title	DIRECTOR	Title	DIRECTOR
Name	LYNCH, S. BRENDAN	Name	O'DELL, DIANE
Address	215 N EOLA DR	Address	1000 UNIVERSAL STUDIOS PLAZA
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32819
Title	DIRECTOR	Title	DIRECTOR
Name	SHEEHAN, KAREN	Name	DELOACH, ANDREA
Address	14901 S ORANGE BLOSSOM TR	Address	1403 E GORE ST
City-State-Zip:	ORLANDO FL 32837	City-State-Zip:	ORLANDO FL 32806
Title	DIRECTOR, TRUSTEE	Title	DIRECTOR
Name	GINSBURG, ALAN	Name	MCCLELLAND, LESLIE
Address	700 W MORSE BLVD	Address	5700 TRINITY PREP LANE
City-State-Zip:	SUITE 220 WINTER PARK FL 32789	City-State-Zip:	WINTER PARK FL 32792
Only Oldie Zip.		Title	DIRECTOR
Title	DIRECTOR	Name	ARROYO, SHARON
Name	JONHNSON, STACEY DR.	Address	3300 EXCHANGE PL
Address	701 N ECONLOCKHATCHEE TR BLDG 3, RM 108		MAIL CODE NP3D
City-State-Zip:	ORLANDO FL 32825	City-State-Zip:	LAKE MARY FL 32746
, ,		Title	DIRECTOR
Title	DIRECTOR	Name	HOLLANDER, DANIELLE SABA
Name	BLOCK, BONNY	Address	6277 SEA HARBOR DR
Address	255 S ORANGE AVE SUITE 1100	City-State-Zip:	SUITE 400 ORLANDO FL 32821
City-State-Zip:	ORLANDO FL 32801	City-State-Zip.	ORLANDO TE 32021
Title	DIRECTOR	Title	DIRECTOR
Name	IOPPOLO, FRANK	Name	MEADOR, LARRY
Address	250 INTERNATIONAL PKY	Address	1485 INTERNATIONAL PARKWAY 3RD FL
City-State-Zip:	SUITE 250 LAKE MARY FL 32746	City-State-Zip:	HEATHROW FL 32746
		Title	DIRECTOR
Title	DIRECTOR	Name	VASCONCELLOS, ALOYSIO
Name	TERRY, JOSEPH	Address	8628 VIA ANCHO RD
Address	450 S ORANGE AVE 10TH FL	City-State-Zip:	BOCA RATON FL 33433
City-State-Zip:	ORLANDO FL 32801		
Title	DIRECTOR		
Name	ZAMAN, RIZWAN		
Address	PO BOX 948606		
City-State-Zip:	MAITLAND FL 32794		