

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712944

Entity Name: UNITED ARTS OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**2450 MAITLAND CENTER PARKWAY
SUITE 201
MAITLAND, FL 32751**Current Mailing Address:**2450 MAITLAND CENTER PARKWAY
SUITE 201
MAITLAND, FL 32751 US**FEI Number:** 59-1166446**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEELE, JULIANA M
2450 MAITLAND CENTER PARKWAY
SUITE 201
MAITLAND, FL 32751 US*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

Date

Officer/Director Detail :

Title IMMEDIATE PAST CHAIR
Name GRONO, JEAN
Address 315 GROVELAND ST
City-State-Zip: ORLANDO FL 32804

Title SECRETARY
Name QUIGLEY, JENNIFER
Address 201 N MAGNOLIA AVE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name BRITT, HOWARD
Address 1049 WILLA SPRINGS DR
SUITE 1001
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR
Name GILBERT, SUZANNE
Address 200 S ORANGE AVE
SUITE 2600
City-State-Zip: ORLANDO FL 32801

Title PRESIDENT
Name GARCIA, FLORA MARIA
Address 2450 MAITLAND CENTER PARKWAY
SUITE 201
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name BONIFAY, CECELIA
Address 420 S ORANGE AVE
SUITE 1200
City-State-Zip: ORLANDO FL 32802

Title DIRECTOR
Name FAHMIE, DEBBIE
Address 958 FLORIDA PARKWAY
City-State-Zip: KISSIMMEE FL 34743

Title DIRECTOR ALTERNATE, TRUSTEE
ALTERNATE
Name GOODWIN, MARCIA HOPE
Address PO BOX 4990
City-State-Zip: ORLANDO FL 32802-4990

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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

VP OF ADMIN & CFO

04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BUCKLEY, BETTINA
Address 3010 MAINGATE LANE
City-State-Zip: KISSIMMEE FL 34747

Title DIRECTOR, TRUSTEE
Name ZEMBOWER, HON. JAY
Address 1101 E FIRST ST
City-State-Zip: SANFORD FL 32771

Title DIRECTOR, TRUSTEE ALTERNATE
Name LARTONIOX, PAUL
Address 5013 CYPRESS BRANCH POINT
City-State-Zip: OVIEDO FL 32765

Title EX OFFICIO
Name OLSON, TERRENCE
Address PO BOX 1393
City-State-Zip: ORLANDO FL 32802

Title CHAIRMAN
Name WILSON, KATE
Address 800 N MAGNOLIA AVE
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name SANDLER, RICHARD DR.
Address 13535 NEMOURS PARKWAY
City-State-Zip: ORLANDO FL 32827

Title TREASURER
Name O'KEEFE, DANIEL
Address 1210 S ORLANDO AVE
SUITE 1600
City-State-Zip: ORLANDO FL

Title DIRECTOR
Name LYNCH, S. BRENDAN
Address 215 N EOLA DR
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name SHEEHAN, KAREN
Address 14901 S ORANGE BLOSSOM TR
City-State-Zip: ORLANDO FL 32837

Title DIRECTOR
Name CARNEY, LESLIE
Address 5700 TRINITY PREP LANE
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR

Title DIRECTOR
Name HENSLEY, EDWARD
Address 4700 MILLENIA BLVD
SUITE 500
City-State-Zip: ORLANDO FL 32839

Title DIRECTOR, TRUSTEE
Name JENKINS, DR. BARBARA
Address PO BOX 271
City-State-Zip: ORLANDO FL 32802

Title DIRECTOR
Name MOORE, HON. CHRISTINE
Address 201 S ROSALIND AVE 5TH FL
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name PEREZ-KELLEY, PENELOPE
Address 215 E LIVINGSTON ST
City-State-Zip: ORLANDO FL 32801

Title CFO
Name STEELE, JULIANA M
Address 2450 MAITLAND CENTER PARKWAY
SUITE 201
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR, TRUSTEE
Name GHERTNER, STEPHANIE
Address 1000 DARDEN CENTER DR
City-State-Zip: ORLANDO FL 32837

Title DIRECTOR, TRUSTEE
Name HUBBARD, BONNIE
Address PO BOX 40
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR
Name O'DELL, DIANE
Address 1000 UNIVERSAL STUDIOS PLAZA
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR, TRUSTEE
Name MCMURRIN, MARC
Address 700 W MORSE BLVD
SUITE 220
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name JONHNSON, STACEY DR.
Address 701 N ECONLOCKHATCHEE TR
BLDG 3, RM 108
City-State-Zip: ORLANDO FL 32825

Name ARROYO, SHARON
Address 3300 EXCHANGE PL
MAIL CODE NP3D
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name MEADOR, LARRY
Address 1485 INTERNATIONAL PARKWAY
3RD FL
City-State-Zip: HEATHROW FL 32746

Title DIRECTOR
Name ZAMAN, RIZWAN
Address PO BOX 948606
City-State-Zip: MAITLAND FL 32794

Title DIRECTOR
Name LOPEZ, WILSON
Address 1170 TREE SWALLOW DR SUITE 341
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR
Name HAIMAN-MARRERO, SAMI
Address 2584 DOVER GLENN CIR
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name PERRY JR, HON. BELVIN
Address 20 N ORANGE AVE 16TH FL
PO BOX 4979
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name GONZALEZ, LINDA LANDMAN
Address 8701 MAITLAND SUMMIT BLVD
City-State-Zip: ORLANDO FL 32810

Title DIRECTOR, EX OFFICIO
Name HARRINGTON, ROSEANN
Address 201 S ROSALIND AVE 5TH FL
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name ODONGO, JOYCE R
Address 943 STELLE AVE
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name HOLLANDER, DANIELLE SABA
Address 6277 SEA HARBOR DR
SUITE 400
City-State-Zip: ORLANDO FL 32821

Title DIRECTOR
Name TERRY, JOSEPH
Address 450 S ORANGE AVE
10TH FL
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name JONES, MARK
Address 52 W UNDERWOOD ST
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name GUPTA, SURESH
Address 5200 VINELAND RD SUITE 200
City-State-Zip: ORLANDO FL 32811

Title DIRECTOR
Name HARRISON, MALIKA
Address 8701 MAITLAND SUMMIT BLVD
City-State-Zip: ORLANDO FL 32810

Title DIRECTOR
Name RUIZ-HAYS, MARIA
Address 6277 SEA HARBOR DR
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name HARDMAN, JODIE
Address 390 N ORANGE AVE
100
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name MCCALL, MERCEDES
Address 349 W OAK ST
City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR
Name RAYOS, GAIL
Address 941 W MORSE BLVD
STE 100
City-State-Zip: WINTER PARK FL 32789