

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008760

**Entity Name:** CEO KNIGHTS AT UCF, INC.**Current Principal Place of Business:**4000 CENTRAL FLORIDA BLVD.  
ORLANDO, FL 32816**Current Mailing Address:**P.O. BOX 161400  
ATTN: GARY NICHOLS  
ORLANDO, FL 32816 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NICHOLS, GARY R  
4000 CENTRAL FLORIDA BLVD.  
DEPARTMENT OF MANAGEMENT  
ORLANDO, FL 32816 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:** GARY R. NICHOLS

04/26/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name GUERNE, JAMES  
Address 4000 CENTRAL FLORIDA BLVD.  
City-State-Zip: ORLANDO FL 32816

Title VP  
Name JONES, MICHAEL  
Address 4000 CENTRAL FLORIDA BLVD.  
City-State-Zip: ORLANDO FL 32816

Title SEC  
Name JOHNSON, DELANEY  
Address 4000 CENTRAL FLORIDA BLVD.  
City-State-Zip: ORLANDO FL 32816

Title TRES  
Name MIRANDA, GIANCARLO  
Address 4000 CENTRAL FLORIDA BLVD.  
City-State-Zip: ORLANDO FL 32816

Title FUND. DIR.  
Name SHAW, RACHEL  
Address 4000 CENTRAL FLORIDA BLVD.  
City-State-Zip: ORLANDO FL 32816

Title MAR. DIR.  
Name ALRASHED, MOUHAB  
Address 4000 CENTRAL FLORIDA BLVD.  
City-State-Zip: ORLANDO FL 32816

*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:** MICHAEL JONES

VICE PRESIDENT

04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date