

2019 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

02/20/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title TRES
Name INCE, WILLIAM
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 RAWLEY, DANIEL
Address 4000 CENTRAL FLORIDA BLVD.
City-State-Zip: ORLANDO FL 32816

Title PR DIR.
Name SACKKEY, NANA
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: RACHEL SHAW

FUND. DIR.

02/20/2019

Electronic Signature of Signing Officer/Director Detail

Date