### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L99000005886

Entity Name: ARDC-OCALA 201, LLC

### **Current Principal Place of Business:**

1375 BUENA VISTA DRIVE 4TH FLOOR NORTH LAKE BUENA VISTA, FL 32830

# **Current Mailing Address:**

500 SOUTH BUENA VISTA STREET BURBANK, CA 91521-0105 US

## FEI Number: 59-3599978

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US FILED Apr 25, 2023 Secretary of State 9094041232CC

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

## Authorized Person(s) Detail :

•		
	Title	AUTHORIZED MEMBER
Н	Name	WALT DISNEY PARKS AND RESORTS
VISTA STREET	Address	U.S., INC. 1375 BUENA VISTA DRIVE
21-0105		4TH FL
	City-State-Zip:	LAKE BUENA VISTA FL 32830
Н	Title	TREASURER
N BLVD	Name	GOMEZ, CARLOS A
34747	Address	500 SOUTH BUENA VISTA STREET
	City-State-Zip:	BURBANK CA 91521-0105
1		
EL F	Title	VP
VISTA STREET	Name	VAHLE, JEFFREY N
21-0105	Address	210 CELEBRATION PLACE
	City-State-Zip:	CELEBRATION FL 34747
	Title	VP
VISTA STREET	Name	BECHERER, JOSEPH C
21-0105	Address	1375 E BUENA VISTA
	City-State-Zip:	LAKE BUENA VISTA FL 32830
	H VISTA STREET 21-0105 H N BLVD 34747 E EL F VISTA STREET 21-0105	TitleHNameVISTA STREET 21-0105AddressCity-State-Zip:City-State-Zip:HTitleNBLVDName34747AddressCity-State-Zip:City-State-Zip:ELFTitleVISTA STREETName21-0105AddressVISTA STREETTitleVISTA STREETNameVISTA STREETNameVISTA STREETNameAddressCity-State-Zip:VISTA STREETNameVISTA STREETName21-0105Address

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHAKIRA H GAVAZZI

SECRETARY

04/25/2023

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date

# Authorized Person(s) Detail Continued :

Title	ASST. SECRETARY	Title	ASST. SECRETARY
Name	YOUNG, LEE R	Name	GIACALONE, MARGARET C
Address	1170 CELEBRATION BLVD	Address	1375 EAST BUENA VISTA DRIVE 4TH FLOOR NORTH
City-State-Zip:	CELEBRATION FL 34747	City-State-Zip:	LAKE BUENA VISTA FL 32830
Title Name Address	ASST. SECRETARY SALAMA, MICHAEL 500 SOUTH BUENA VISTA STREET	Name SIN Address 340	VP SIMMONS, NEIL 3403 EAST VISTA BLVD LAKE BUENA VISTA FL 32830
City-State-Zip:	BURBANK CA 91521-0105		
Title	ASST. SECRETARY		
Name	STEED, SHANNA L		
Address	640 PAULA AVE		

City-State-Zip: GLENDALE CA 91201