

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90029 010 ****61.25

DOCUMENT # 740898

1. Entity Name

OSCEOLA COUNTY ASSOCIATION OF REALTORS, INC.

Principal Place of Business

**1105 SHADY LANE
 KISSIMMEE FL 34744
 US**

Mailing Address

**1105 SHADY LN
 KISSIMMEE FL 34744
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1806180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASE, CATHY
 1105 SHADY LANE
 KISSIMMEE FL 34744**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 Cathy Case, Cathy Case Association Executive

1/25/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PED** ☐ Delete
 NAME **GRIEB, CHERYL**
 STREET ADDRESS **850 TOWNE CNTR DR**
 CITY-ST-ZIP **KISSIMMEE FL 34759**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Grieb, Cheryl**
 STREET ADDRESS **1535 Orlando Avenue**
 CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE **VP** ☒ Delete
 NAME **LUND, NORM**
 STREET ADDRESS **1520 BERMUDA AVE**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **PED** ☐ Change ☒ Addition
 NAME **Jeff Perry**
 STREET ADDRESS **413 W Oak Street**
 CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE **SD** ☒ Delete
 NAME **TUTAS, BARBARA**
 STREET ADDRESS **3263 CUMBERLAND CT**
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Kim Dietz**
 STREET ADDRESS **2932 Vineland Rd.**
 CITY-ST-ZIP **Kissimmee, FL 34746**

TITLE **PD** ☒ Delete
 NAME **PRESBY, JANICE**
 STREET ADDRESS **3335 13TH ST.**
 CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Emily Morin**
 STREET ADDRESS **2618 13th Street**
 CITY-ST-ZIP **St. Cloud, FL 34769**

TITLE **TD** ☐ Delete
 NAME **RIES, NORM**
 STREET ADDRESS **931 W OAK ST, STE 100**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/01 407-944-4843

CR2E037 (10/00)