

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90356 036 ***158.75

DOCUMENT # G96463
 1. Entity Name
CAMELOT OF OSCEOLA, INCORPORATED

Principal Place of Business Mailing Address
P.O. BOX 700248 P.O. BOX 700248
ST. CLOUD FL 34770-2322 ST. CLOUD FL 34770-2322



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2465255** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BRONSON, MADELYN K
1800 SIR LANCELOT CIRCLE
ST. CLOUD FL 34772

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BRONSON, R. O'DELL	
STREET ADDRESS	1800 SIR LANCELOT CIRCLE	
CITY-ST-ZIP	ST. CLOUD FL 34772	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHOOLFIELD, WAYNE	
STREET ADDRESS	1400 GRANDVIEW BLVD.	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRONSON, MADELYN K.	
STREET ADDRESS	1800 SIR LANCELOT CIRCEL	
CITY-ST-ZIP	ST. CLOUD FL 34772	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOOLFIELD, DIANE	
STREET ADDRESS	1400 GRANDVIEW BLVD.	
CITY-ST-ZIP	KISSIMEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Madeilyn K Bronson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/12/02 Daytime Phone #: 4078911228

CR2E034 (9/01)