

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90016 008 \*\*\*\*61.25

**DOCUMENT # N27681**

1. Entity Name

**OSO PROPERTIES, INC.**

Principal Place of Business

Mailing Address

**C/O MADDY WRIGHT  
 P O BOX 680748  
 ORLANDO FL 32868**

**C/O MADDY WRIGHT  
 P O BOX 680748  
 ORLANDO FL 32868-0748**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**PO Box 680748**

3. Mailing Address  
**PO Box 680748**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

4. FEI Number  
**59-2949349**

Applied For  
 Not Applicable

Zip  
**32868**

Country  
**USA**

Zip  
**32868**

Country  
**USA**

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

**WRIGHT, MADDY  
 1400 E. HILLCREST ST.  
 ORLANDO FL 32868**

Name **Sgt. Donna Rivera**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100 S. Hughey Ave.**  
 City **Orlando** FL Zip Code **32801**

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

*Donna Rivera*

*4-20-2000*

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, MADDY P.O. BOX 4970 ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIVERA, DONNA SGT. 100 S. HUGHEY AVE. ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEEKS, BETTY 9800 INTERNATIONAL DR. ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HADLEY, CAROL 120 SPRING COVE TRAIL ALTAMONTE SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARDIN, JANET 2400 DERBYSHIRE RD. MAITLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GASSMAN, ERIC P.O. BOX 1393 ORLANDO FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rivera, Donna Sgt. 100 S. Hughey Ave. Orlando, FL 32801	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Abel, Eileen 2307 Mohawk Trail Maitland, FL 32751	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Carol Hadley 120 Spring Cove Trail Altamonte Springs, FL 34714	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Eric Gassman PO Box 1393 Orlando, FL 32802	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Glenda McClure 1730 Shiloh Lane Winter Park, FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Susan Fortini 3405 Chatsworth Lane Orlando, FL 32812	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

*4/25/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)