FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 05, 2001 8:00 am Secretary of State **DOCUMENT # N41950** 1. Entity Name OSCEOLA COUNTRY DOWNS HOMEOWNERS' ASSOCIATION. I 04-05-2001 90029 034 \*\*\*\*61.25 Principal Place of Business Mailing Address 2180 W. SR. 434 2180 W. SR. 434 SUITE 5000 SUITE 5000 00031567 LONGWOOD FL 32779 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3066149 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HART, JAMES W. JR. 2180 W. SR 434 SUITE 5000 Zip Code City LONGWOOD FL 32779 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD STD **X** Addition TITLE Delete TITLE VEST, JIM Guillermo, Marin NAME NAME 2621 CAHOKIA CT STREET ADDRESS STREET ADDRESS 1633 E Vine St. Ste 221 CITY-ST-ZIP KISSIMMEE FL CITY-ST-ZIP Kissimmee, FL 34741 STD Change ☐ Addition TITLE ☐ Delete VD JIMENEZ, LUIS STREET ADDRESS 2617 BELMONT PL STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34744 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE PD QUINONES, JOHN NAME NAME STREET ADDRESS 2604 BELMONT PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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:

<u>71 11 17 6</u> TED NAME OF SIGNING OFFICER OR DIRECTOR