

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001620

1. Entity Name

OSCEOLA BUSINESS REFERRAL SERVICE, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90223 002 \*\*\*\*61.25

Principal Place of Business 2727 13TH ST ST. CLOUD FL 34769	Mailing Address 2727 13TH ST ST. CLOUD FL 34769-4132
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3320073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRADLEY, RICHARD  
 1633 E. VINE ST  
 STE 207  
 KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name: Howes, Steve  
 Street Address (P.O. Box Number is Not Acceptable): 1725 JAN LAN BLVD  
 City: ST. CLOUD FL Zip Code: 34772

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] Steven G. Howes DATE: 4-24-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE: PD NAME: WOESTE, RAYELYNNE STREET ADDRESS: 3895 CANOE CREEK RD CITY-ST-ZIP: ST CLOUD FL 34772	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: LAY, PEGGY STREET ADDRESS: 1743 CALIFORNIA AVE CITY-ST-ZIP: ST. CLOUD FL 34769	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: SPAIN, PAM STREET ADDRESS: 4225 OAKWOOD DR CITY-ST-ZIP: ST CLOUD FL 34771	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD NAME: HOWES, STEVE STREET ADDRESS: 1725 JAN LAN BLVD CITY-ST-ZIP: ST. CLOUD, FL 34772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: BROWN, BEVERLY STREET ADDRESS: 4073 13TH ST. CITY-ST-ZIP: ST. CLOUD, FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: BERGER, KAREN STREET ADDRESS: 1275 JAN LAN BLVD CITY-ST-ZIP: ST. CLOUD, FL 34772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<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 all other like empowered.

SIGNATURE: [Signature] KAREN BERGER DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)