

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700986

1. Entity Name

OSCEOLA PLAYERS, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90078 003 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2411 E. IRLO BRONSON HWY  
KISSIMMEE FL 34744  
US

2411 E. IRLO BRONSON HWY  
KISSIMMEE FL 34744-5430  
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

59-6179937

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

REICH, M J  
1847 BRAMBLEWOOD DRIVE  
ST. CLOUD FL 34769

Name Ronald Colburn

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

2415 Toucan Ct

City St. Cloud

FL

Zip Code 34771

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)

DATE

3/5/2000

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	REICH, M J	
STREET ADDRESS	1847 BRAMBLEWOOD DR	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOLDER, LLOYD	
STREET ADDRESS	2608 LEMMON TREE LANE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARRY, BEVERLY	
STREET ADDRESS	1611 W. OAK STREET	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, MELANIE	
STREET ADDRESS	1920 IRLO DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIT, MARIANNE	
STREET ADDRESS	1612 OSCEOLA PK DR	
CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eck, Gail	
STREET ADDRESS	410 CART CT	
CITY-ST-ZIP	Kissimmee, FL 34759	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry, Beverly	
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		

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:

Marianne Davitt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marianne Davitt 3/3/2000 407 518-3907

Date

Daytime Phone #

CR2E037 (9/99)