

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90128 028 ****61.25

DOCUMENT # 718359

1. Entity Name

OSCEOLA ASSOCIATION FOR RETARDED CITIZENS, INC.

Principal Place of Business

**310 N. CLYDE AVE
 KISSIMMEE FL 34741**

Mailing Address

**310 N. CLYDE AVE
 KISSIMMEE FL 34741**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7063820

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ORMAND, JAMES L
 310 NORTH CLYDE AVE
 KISSIMMEE FL 34741**

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

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	ORMAND, JAMES L	310 NORTH CLYDE AVE	KISSIMMEE FL 34741				
VP	HERRICK, LINDA	310 NORTH CLYDE AVE	KISSIMMEE FL 34741				
T	MITCHELL, DAWN	310 NORTH CLYDE AVE	KISSIMMEE FL 34741				
S	MILLER, CAROL	310 NORTH CLYDE AVE	KISSIMMEE FL 34741				
CD	GREEN, CHARLES	219 DELEWARE AVE	ST CLOUD FL 34769	CD	Anderson, Martha	1850 Palmetto Drive	Kissimmee, FL 34744
D	DUTTON, ANN	1513 BETH ANN CT	KISSIMMEE FL				

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: *James L. Ormand* **James L. Ormand, President** 01/16/01 407-847-6016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)