

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719974

1. Entity Name

OSCEOLA CHACO, INC.

Principal Place of Business

9 GLENDALE DRIVE
KISSIMMEE FL 34744

Mailing Address

9 GLENDALE DRIVE
KISSIMMEE FL 34744-5801

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

59-2988760

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

GANT, MRS BOBBIE A
9 GLENDALE DR
KISSIMMEE FL 34744

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 PD
NAME GANT, BOBBIE A
STREET ADDRESS 9 GLENDALE DR.
CITY-ST-ZIP KISSIMMEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME FRAZIER, MARCELA
STREET ADDRESS 4365 BOGGY CREEK RD.
CITY-ST-ZIP KISSIMMEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME LAMEIER, LANA SUE
STREET ADDRESS 2630 CORAL AVE.
CITY-ST-ZIP KISSIMMEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME TALLMAN, ERNABELLE
STREET ADDRESS 2620 ORANGE BLVD.
CITY-ST-ZIP KISSIMMEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME COOK, WILLIAM J
STREET ADDRESS 1814 PARADISE DR.
CITY-ST-ZIP KISSIMMEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME DAVISON, MARY LOU
STREET ADDRESS 802 CATHERINE ST.
CITY-ST-ZIP KISSIMMEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: *Bobbie A. Gant* Bobbie A. Gant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/00 407-846-6045

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90019 044 ****61.25