

9/6/01-902

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721205

1. Entity Name

OSCEOLA COUNTY COUNCIL ON AGING, INC.

Principal Place of Business

1099 SHADY LANE
KISSIMMEE FL 34744

Mailing Address

1099 SHADY LANE
KISSIMMEE FL 34744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1595398

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

CUMBE, FRED
100 CHURCH STREET
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 reappointing)

DATE

FILE NOW: FEE IS \$81.25
After September 12, 2001, fee will be \$236.259. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD
NAME BENCA, CONNIE
STREET ADDRESS 1001 BUENAVENTURA BLVD
CITY-STATE-ZIP KISSIMMEE FL 34743 ☒ DeleteTITLE VD
NAME SINES, DONNA
STREET ADDRESS 4600 MESA VERDE DRIVE
CITY-STATE-ZIP ST. CLOUD FL ☐ DeleteTITLE PD
NAME SLOCUM, LARRY
STREET ADDRESS 1544 SKYLINE DR
CITY-STATE-ZIP KISSIMMEE FL 34744 ☐ DeleteTITLE D
NAME BARNEY, VEAL
STREET ADDRESS 2950 OLD CANOE RD
CITY-STATE-ZIP ST. CLOUD FL 34772 ☐ DeleteTITLE D
NAME AUTREY, DAN
STREET ADDRESS P O BOX 422068 108 CHURCH STREET
CITY-STATE-ZIP KISSIMMEE FL ☐ DeleteTITLE D
NAME CUMBE, FRED
STREET ADDRESS 100 CHURCH STREET
CITY-STATE-ZIP KISSIMMEE FL ☐ DeleteTITLE TD
NAME MAUREEN KERSMARKI
STREET ADDRESS 400 CELEBRATION PLACE
CITY-STATE-ZIP KISSIMMEE, FL. 34741 ☐ Change ☒ AdditionTITLE PD
NAME SINES, DONNA
STREET ADDRESS 4600 MESA VERDE DRIVE
CITY-STATE-ZIP ST. CLOUD, FL ☒ Change ☐ AdditionTITLE D
NAME SLOCUM, LARRY
STREET ADDRESS 1544 SKYLINE DR.
CITY-STATE-ZIP KISSIMMEE, FL. 34744 ☒ Change ☐ AdditionTITLE D
NAME Beverly Houglan
STREET ADDRESS 3841 Blackberry Cr. St. Cloud, FL ☐ Change ☒ AdditionTITLE D
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE D
NAME
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-01 (407) 846-8532

Date

Daytime Phone #

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-06-2001 90259 037 ****70.00



DO NOT WRITE IN THIS SPACE

CP2E037 (5/01)