

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G96463**

1. Entity Name
CAMELOT OF OSCEOLA, INCORPORATED

05-09-2000 90002 010 ****70.00

G96463

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -9 PM 2:55



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 700248 ST. CLOUD FL 34770-2322	Mailing Address P.O. BOX 700248 ST. CLOUD FL 34770-0248
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2465255	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRONSON, R. O'DELL
1800 SIR LANCELOT CIRCLE
ST. CLOUD FL 34772**

7. Name and Address of New Registered Agent

Name: **Madelyn K. Bronson**
Street Address (P.O. Box Number is Not Acceptable): **1800 Sir Lancelot Circle**
City: **St. Cloud, FL 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.

Madelyn K. Bronson
President
4/25/00

SIGNATURE: *Madelyn K. Bronson*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing: Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BRONSON, R. O'DELL	
STREET ADDRESS	1800 SIR LANCELOT CIRCLE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHOOLFIELD, WAYNE	
STREET ADDRESS	1400 GRANDVIEW BLVD.	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRONSON, MADELYN	
STREET ADDRESS	1800 SIR LANCELOT CIRCLE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOOLFIELD, DIANE	
STREET ADDRESS	1400 GRANDVIEW BLVD.	
CITY-ST-ZIP	KISSIMEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bronson, R. O'Dell	
STREET ADDRESS	1800 Sir Lancelot Circle	
CITY-ST-ZIP	St. Cloud, FL 34772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bronson, Madelyn K.	
STREET ADDRESS	1800 Sir Lancelot Circle	
CITY-ST-ZIP	St. Cloud, FL 34772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Madelyn K. Bronson
President
4/25/00
407-891-1228

SIGNATURE: *Madelyn K. Bronson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)