

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90339 020 ***158.75

DOCUMENT # M89955

1. Entity Name

OSCEOLA MARKET PLACE, INC.

Principal Place of Business

**2801 E. IRLO BRONSON HWY
 KISSIMMEE FL 34744**

Mailing Address

**2801 E. IRLO BRONSON HWY
 KISSIMMEE FL 34744**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2898767**

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

**BUONAURD, FRANK A., JR.
 2801 E. IRLO BRONSON HWY
 KISSIMMEE FL 34744**

Name **FRANK A. BUONAURD JR**

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

24 GINE Street

City

WINDERMERE

FL

Zip Code

34786

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

Frank A. Buonaurd Jr. Pres.

2/17/01

Signature, type, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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	BUONAURD, FRANK A., JR	
STREET ADDRESS	2801 E. IRLO BRONSON HWY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOBIN, HOWARD	
STREET ADDRESS	3165 MCCRORY PLACE SUITE 151	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAMS, MAURICE	
STREET ADDRESS	111 N ORANGE AVENUE SUITE 900	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	BUONAURD, JUDITH V.	
STREET ADDRESS	2801 E IRLO-BRONSON HWY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORNS, LAWRENCE W.	
STREET ADDRESS	412 N HALIFAX AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAZIER, TREMBLAY	
STREET ADDRESS	11041 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank A. Buonaurd Jr. President **FRANK A BUONAURD JR** **2/17/01**

Date

Daytime Phone #

407-846-2811

CR2E034 (10/00)