2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 AM
Secretary of State

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Entity Name: OSCEOLA COUNTY CRACKER DAY INC.

Current Principal Place of Business:

KISSIMMEE SPORTS ARENA
958 HOAGLAND BOULEVARD
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

3450 LASALLE AVENUE
ST. CLOUD, FL 34772

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BASS, THOMAS DAVID
3450 LASALLE AVENUE
ST. CLOUD, FL 34772 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	JOHNSON, CLARA A D	
Address:	3522 MORNINGSIDE ST.	
City-St-Zip:	KISSIMMEE, FL 34741 US	
Title:	PST	( ) Delete
Name:	BASS, THOMAS D PST	
Address:	3450 LASALLE AVE	
City-St-Zip:	ST.CLOUD, FL 34772 US	
Title:	D	( ) Delete
Name:	THOMPKINS, SHIRLEY K D	
Address:	2941 SEMINOLE RD	
City-St-Zip:	ST CLOUD, FL 34772 US	
Title:	D	( ) Delete
Name:	WRABEL, SONNY N D	
Address:	1709 LEE CT.	
City-St-Zip:	KISSIMMEE, FL 34741 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS DAVID BASS PRES 05/08/2002
Electronic Signature of Signing Officer or Director — Date