

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90136 004 ****61.25

DOCUMENT # N02000003789

1. Entity Name
OSCEOLA SUPPORT GROUP, INC.



Principal Place of Business
**3053 BIG SKY BLVD
KISSIMMEE FL 34744-5615**

Mailing Address
**3053 BIG SKY BLVD
KISSIMMEE FL 34744-5615**

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

14-1842297

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



00012021

6. Name and Address of Current Registered Agent

**SCHINDLER, BEATRICE
3053 BIG SKY BLVD
KISSIMMEE FL 34744-5615**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RAMOS, VALENTIN**
STREET ADDRESS **53 DORSET DR**
CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE **D** ☒ Delete
NAME **LARSON, CAROL**
STREET ADDRESS **250 BEDFORD DR**
CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE **D** ☒ Delete
NAME **URQUIOLA, SHANNON**
STREET ADDRESS **3245 COUNTRYSIDE VIEW**
CITY-ST-ZIP **ST CLOUD FL 34772**

TITLE **D** ☐ Delete
NAME **GUERRA, EVA**
STREET ADDRESS **2709 RISMAN CT**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **D** ☐ Delete
NAME **SCHINDLER, BEATRICE**
STREET ADDRESS **3053 BIG SKY BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34744-5615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT - RAMOS VAL** ☒ Change ☐ Addition
NAME
STREET ADDRESS **53 DORSET DR**
CITY-ST-ZIP **KISSIMMEE, FL 34758**
D

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **SHELLEY WATSON**
STREET ADDRESS **334 MARYLAND AV.**
CITY-ST-ZIP **ST CLOUD FL 34769**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **BEATRICE SCHINDLER**
STREET ADDRESS **3053 BIG SKY BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34744-5615**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **HOWARD SHEPPARD**
STREET ADDRESS **1244 BETH LANE**
CITY-ST-ZIP **ST CLOUD FL 34772**

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: **Beatrice Schindler** **BEATRICE SCHINDLER** **1/15/03**

CR2E037 (10/02)