

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90224 039 \*\*\*\*70.00

DOCUMENT # **N02000005648**

1. Entity Name

**OSCEOLA FAMILY SPORTS ASSOCIATION INC.**



Principal Place of Business

**3229 HUNTERS CHASE LOOP  
KISSIMMEE FL 34743**

Mailing Address

**3229 HUNTERS CHASE LOOP  
KISSIMMEE FL 34743**

**11034612**



2. Principal Place of Business

**3229 HUNTERS CHASE LOOP**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

**KISSIMMEE, FLORIDA**

City & State

4. FEI Number

**36-2348077**

Applied For

Not Applicable

Zip

**34743**

Country

**OSCEOLA**

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

**DAY, JOE  
3229 HUNTERS CHASE LOOP  
KISSIMMEE FL 34743**

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

SIGNATURE *Joe E. Day*

**JOE E. DAY (PRESIDENT)**

**4/24/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAY, JOE 3229 HUNTERS CHASE LOOP KISSIMMEE FL 34743	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHROEDER, KARL 2902 NOAH CIRCLE ST. CLOUD FL 34772	<input checked="" type="checkbox"/> Delete <b>CHANGED TO</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO DAY, BEVERLY 3229 HUNTERS CHASE LOOP KISSIMMEE FL 34743	<input type="checkbox"/> Delete <b>ADDED AS SEC.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <del>TO</del> GOMEZ, MICHAEL 291 CITRUS DRIVE KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLLINS, NEREIDA 1854 DESTINY BLVD APT. #101 KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

**4/24/03 (407)509-3801**

CR2E037 (10/02)