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

FILED
Feb 26, 2003 8:00 am
Secretary of State
02-03-2003 90042 015 ****61.25

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DOCUMENT # N02000006344

1. Entity Name
Osceola Pro Bass Club INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1446 Woodlake Cir
Suite, Apt. #, etc.
City & State
Saint Cloud FLA
Zip 34772 County OSCEOLA

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2289159
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Lloyd Willmouth
Street Address (P.O. Box Number is Not Acceptable)
1446 Woodlake Cir
City ST Cloud FLA 34772 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 _____ DATE 1/22/3

FEE IS $61.25
Initial or Amended UBR

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	President		
NAME	Lloyd Willmouth		
STREET ADDRESS	1446 Woodlake Cir		
CITY-ST-ZIP	St. Cloud FLA 34772	D	
TITLE	Vice President		
NAME	Wayne Davis		
STREET ADDRESS	821 Mississippi		
CITY-ST-ZIP	St Cloud FLA 34769	D	
TITLE	Secretary Treasurer		
NAME	Dana Anderson		
STREET ADDRESS	1123 Lake Shore		
CITY-ST-ZIP	Kissimmee FL 34744	D	
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/22/3 Lloyd Willmouth President 321-624-3189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #