

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05189

1. Entity Name

OSCEOLA COUNTY 4-H FOUNDATION, INC.

(R)

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90014 024 ****61.25

Principal Place of Business

Mailing Address

1901 E. IRLO BRONSON HWY
KISSIMMEE FL 34744

1901 E. IRLO BRONSON HWY
KISSIMMEE FL 34744-4413

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

59-2482252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CINDY K. MOORE
1901 E. IRLO BRONSON HWY
KISSIMMEE FL 34744

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME BEST, KAREN
STREET ADDRESS 2 STIRRUP CT
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE PD ☒ Change ☐ Addition
NAME Cliff Brooks
STREET ADDRESS 3550 Green Acres Road
CITY-ST-ZIP St. Cloud, FL. 34772

TITLE VD ☒ Delete
NAME LUTHIE, JILL
STREET ADDRESS 4760 HIDDEN LANE
CITY-ST-ZIP ST CLOUD FL 34772

TITLE VD ☒ Change ☐ Addition
NAME Karen Best
STREET ADDRESS 4370 Mildred Bass Road
CITY-ST-ZIP St. Cloud, FL. 34772

TITLE BMT ☐ Delete
NAME LANIER, TERRY
STREET ADDRESS 1930 HAM BROWN RD
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE SD ☒ Change ☐ Addition
NAME Jill Luthie
STREET ADDRESS 4760 Hidden Lane
CITY-ST-ZIP St. Cloud, FL. 34772

TITLE TT ☐ Delete
NAME ANN COFFEY
STREET ADDRESS 1901 E. IRLO BRONSON HWY.
CITY-ST-ZIP KISSIMMEE FL

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

TITLE BMD ☒ Delete
NAME BROOKS, CLIFF
STREET ADDRESS 3550 GREEN ACRES RD
CITY-ST-ZIP ST CLOUD FL 34772

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

TITLE SD ☒ Delete
NAME GINGER CLAYTON
STREET ADDRESS P.O. BOX 190 N/A
CITY-ST-ZIP KENASVILLE FL

TITLE BMD ☒ Change ☐ Addition
NAME Don Foster
STREET ADDRESS 5385 Hansom Rd.
CITY-ST-ZIP St. Cloud, FL. 34771

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:

Ann Coffey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann Coffey

6/14/2000

Date

407-846-4181

Daytime Phone #

CR2E037 (9/99)