

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90025 008 *****61.25

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DOCUMENT # N05189

1. Entity Name

GSCEOLA COUNTY 4-H FOUNDATION, INC.

Principal Place of Business

Mailing Address

**1901 E. IRLO BRONSON HWY
KISSIMMEE FL 34744**

**1901 E. IRLO BRONSON HWY
KISSIMMEE FL 34744**

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**

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 **N/A**

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 NAME STREET ADDRESS CITY-ST-ZIP	SD LUTHE, JILL 4760 HIDDEN LANE SAINT CLOUD FL 34772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD FOSTER, DON 5385 HANSOM ROAD SAINT CLOUD FL 34771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMT LANIER, TERRY 1930 HAM BROWN RD KISSIMMEE FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT ANN COFFEY 1901 E. IRLO BRONSON HWY. KISSIMMEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, CLIFF 3550 GREEN ACRES RD ST CLOUD FL 34772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEST, KAREN 4370 MILDRED BASS ROAD SAINT CLOUD FL 34772	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cathy Clark 4724 Lakeshore Dr. St. Cloud, FL 34772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Loretta M. Hunt 2400 Cypress Lane Kissimmee, FL 34746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donna Andress 2 East Fifth St. St. Cloud, FL 34769	<input type="checkbox"/> Change <input checked="" 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:

Loretta M. Hunt
Loretta M. Hunt, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

(407) 846-4181

Date

Daytime Phone #

CR2E037 (10/00)



UNIVERSITY OF
FLORIDA

EXTENSION

Institute of Food and Agricultural Sciences

2000-2001 Osceola County 4-H Foundation, Inc. Directors (Continued)

D
Rick Best
4370 Mildred Bass Rd.
St. Cloud, FL 34772

Attachment
NO5189
94/1343

D
Martha Booth
6101 Canoe Creek Rd.
St. Cloud, FL 34772

D
Ginger Clayton
1400 S. Bow St
Kēnansville, FL 34739

D
Belinda Delano
1736 Citrus View Ct.
St. Cloud, FL 34769

D
Glenn Kemp
6650 Bass Hwy.
St. Cloud, FL 34769

OSCEOLA COUNTY COOPERATIVE EXTENSION SERVICE

1901 East Irlo Highway, Kissimmee, Florida 34744 • Telephone: (407) 846-4181 / Fax: (407) 846-7286