

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90039 021 \*\*\*\*61.25

**DOCUMENT # N05189**

1. Entity Name

**OSCEOLA COUNTY 4-H FOUNDATION, INC.**

Principal Place of Business

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

Mailing Address

**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

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 **D** ☐ Delete  
 NAME **LUTHE, JILL**  
 STREET ADDRESS **4760 HIDDEN LANE**  
 CITY-ST-ZIP **SAINT CLOUD FL 34772**

TITLE **T/D** ☐ Change ☒ Addition  
 NAME **Loretta M. Hunt**  
 STREET ADDRESS **2400 Cypress Lane**  
 CITY-ST-ZIP **Kissimmee, FL 34746**

TITLE **D** ☐ Delete  
 NAME **FOSTER, DON**  
 STREET ADDRESS **5385 HANSOM ROAD**  
 CITY-ST-ZIP **SAINT CLOUD FL 34771**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Rick Best**  
 STREET ADDRESS **4370 Mildred Bass Rd**  
 CITY-ST-ZIP **St. Cloud, FL**

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

TITLE **D** ☐ Change ☒ Addition  
 NAME **Martha Booth**  
 STREET ADDRESS **6101 Canoe Creek Rd**  
 CITY-ST-ZIP **St. Cloud, FL 34772**

TITLE **SD** ☐ Delete  
 NAME **CLARK, CATHY**  
 STREET ADDRESS **4724 LAKESHORE DR**  
 CITY-ST-ZIP **SAINT CLOUD FL 34772**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Ginger Clayton**  
 STREET ADDRESS **1400 S. Bow St.**  
 CITY-ST-ZIP **Kenansville, FL 34739**

TITLE **PD** ☐ Delete  
 NAME **BROOKS, CLIFF**  
 STREET ADDRESS **3550 GREEN ACRES RD**  
 CITY-ST-ZIP **ST CLOUD FL 34772**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Kim Grieb**  
 STREET ADDRESS **4865 Lake Shore Dr**  
 CITY-ST-ZIP **St. Cloud, FL 34772**

TITLE **VD** ☐ Delete  
 NAME **BEST, KAREN**  
 STREET ADDRESS **4370 MILDRED BASS ROAD**  
 CITY-ST-ZIP **SAINT CLOUD FL 34772**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Sheri Thompson**  
 STREET ADDRESS **3305 Harbor Rd**  
 CITY-ST-ZIP **Kissimmee, FL 34746**

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Loretta M. Hunt, Treasurer 04/24/02**

Date

Daytime Phone #

CR2E037 (9/01)

ATTACHMENT



UNIVERSITY OF  
FLORIDA

EXTENSION

Institute of Food and Agricultural Sciences



April 24, 2002

Re: Document# N05189

N05189

Additional Osceola County 4-H Foundation Directors:

791980

Glen Kemp  
6650 Bass Hwy.  
St. Cloud, FL 34771

Mary Beth Salisbury  
1901 E. Irlo Bronson Hwy.  
Kissimmee, FL 34744

## OSCEOLA COUNTY COOPERATIVE EXTENSION SERVICE

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

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