

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18893

1. Entity Name

OSCEOLA WISH FOUNDATION, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90172 014 ****61.25

Principal Place of Business

921 W EMMETT ST
KISSIMMEE FL 34741
US

Mailing Address

921 W EMMETT ST
KISSIMMEE FL 34741-5435
US

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

59-2815594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEILEWECH, PETER W
705 WEST EMMETT STREET
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name PETER W. BEILEWECH
Street Address (P.O. Box Number is Not Acceptable)
921 W. EMMETT ST
KISSIMMEE FL 34741
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 Peter W. Beilewech
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

TITLE ☐ Delete
NAME PD
STREET ADDRESS MCCLAIN, H. E. GENE
CITY-ST-ZIP 920 NORTH BERMUDA AVENUE, SUITE 201
KISSIMMEE FL 34741

TITLE ☐ Delete
NAME VD
STREET ADDRESS PATTERSON, BRIAN M
CITY-ST-ZIP 3722 GRISSOM LANE
KISSIMMEE FL 34741

TITLE ☐ Delete
NAME D
STREET ADDRESS BEILEWECH, PETER W
CITY-ST-ZIP 705 WEST EMMETT ST.
KISSIMMEE FL 34741

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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:

Peter W. Beilewech
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 (407) 846 6133

CR2E037 (9/99)