

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18893

1. Entity Name

OSCEOLA WISH FOUNDATION, INC.

Principal Place of Business

921 W EMMETT ST  
KISSIMMEE FL 34741  
US

Mailing Address

921 W EMMETT ST  
KISSIMMEE FL 34741  
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

7. Name and Address of New Registered Agent

BEILEWECH, PETER W  
921 W EMMETT ST  
KISSIMMEE FL 34741

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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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*

4/30/01 (407)846-6133

FILED  
May 17, 2001 8:00 am  
Secretary of State

05-17-2001 90372 034 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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