

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90131 041 ****61.25

DOCUMENT # N20540

1. Entity Name

OSCEOLA GRANGE #208 INCORPORATED

Principal Place of Business

Mailing Address

HERNANDO CIVIC CLUB HALL

WILMA KRIESKI

6511 N. TAMARIND AVE.

HERNANDO FL 34442-2283

US

US

1515 WHITE LAKE DRIVE
INVERNESS FLA

2. Principal Place of Business

3. Mailing Address

UNITY CHURCH

6511 N. TAMARIND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1515 WHITE LAKE DRIVE

FLORIDA

INVERNESS FLORIDA

Zip 34453

Country CITRUS

Zip 34442

Country CITRUS

4. FEI Number

51-0250289

5. Certificate of Status Desired

\$8.75
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, ALEXANDER
4 OAK HOLLOW DR
BEVERLY HILLS FL 34465

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 DP
NAME MAXHAM, ANGELA
STREET ADDRESS 8640 E KEPLING PARK
CITY-ST-ZIP FLORAL CITY FL 34436

TITLE DE
NAME MEAD, FRANK
STREET ADDRESS 597 S CARLOS TERRACE
CITY-ST-ZIP INVERNESS FL

TITLE SD
NAME KRIESKI, WILMA
STREET ADDRESS 6511 N. TAMARIND AVE.
CITY-ST-ZIP FLORAL CITY FL 34436

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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILMA KRIESKI Secretary

A0019460

DO NOT WRITE IN THIS SPACE

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