

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20540

1. Entity Name

OSCEOLA GRANGE #208 INCORPORATED

FILED

Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90147 003 ****61.25

Principal Place of Business

Mailing Address

UNITY CHURCH
6511 N TAMAJRIND AVE
HERNANDO FL 34442
US

WILMA KRIESKI
6511 N TAMAJRIND AVE
HERNANDO FL 34442
US

80026748



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

UNITY CHURCH

WILMA KRIESKI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6511 N TAMAJRIND AVE

6511 N TAMAJRIND AVE

City & State
HERNANDO FL 34442

City & State
HERNANDO FL

4. FEI Number
51-0250289

Applied For
Not Applicable

Zip
34442

Country
CITRUS

Zip
34442

Country
CITRUS

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

KRIESKI, WILMA
6511 N TAMAJRIND AVE
HERNANDO FL 34442

Name

← SAME

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MD
WILLIAMS, ALICE
3299 W KEVIN ST
LECANTO FL 34461 ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TL
TRAWICK, BERNICE
10131 E. BASS CIRCLE
INVERNESS FL 34451 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ 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:

WILMA KRIESKI

326252002

6372542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)