

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21676

1. Entity Name

THE FOUNDATION FOR OSCEOLA EDUCATION, INC.

Principal Place of Business

817 BILL BECK BLVD.  
KISSIMMEE FL 34744

Mailing Address

P. O. BOX 420975  
SUITE 4  
KISSIMMEE FL 34742-0975  
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

59-2960396

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

KENNETH SMITH  
2000 SHADOW OAKS RD  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CD  
TOMPKINS, TOM  
1731 BOGGY CREEK RD  
KISSIMMEE FL 34744

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
HEFFNER, PATSY  
1818 ADMIRAL CT  
KISSIMMEE FL 34744

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD  
BRADLEY, KEN  
200 HILDA ST  
KISSIMMEE FL 3474

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
PAM OLLIS  
6660 BAYSHORE DR  
ST CLOUD FL

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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 information.

SIGNATURE:

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

January 25, 2001 407-870-4855

Date

Daytime Phone #

00011000



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)