

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90047 003 ****61.25

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**KENNETH SMITH
2000 SHADOW OAKS RD
KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent

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 \$61.259. 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 **CD** ☐ Delete
NAME **TOMPKINS, TOM**
STREET ADDRESS **1731 BOGGY CREEK RD**
CITY-ST-ZIP **KISSIMMEE FL 34744**TITLE **VD** ☒ Delete
NAME **HEFFNER, PATSY**
STREET ADDRESS **1818 ADMIRAL CT**
CITY-ST-ZIP **KISSIMMEE FL 34744**TITLE **TD** ☐ Delete
NAME **GORMAN, SANDY**
STREET ADDRESS **1450 GRANADA BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34746**TITLE **SD** ☐ Delete
NAME **PAM OLLIS**
STREET ADDRESS **6660 BAYSHORE DR**
CITY-ST-ZIP **ST CLOUD FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **Vice Chairman** ☐ Change ☒ Addition
NAME **Grey, Tony**
STREET ADDRESS **2281 Lee Road, Suite 104**
CITY-ST-ZIP **Winter Park FL 32789**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)