

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90176 028 ****61.25

DOCUMENT # N35214

1. Entity Name

OSCEOLA COUNTY WAGON TRAIN AND TRAIL RIDE, INC.



Principal Place of Business

**954 S HOAGLAND BLVD
A
KISSIMMEE FL 34741
US**

Mailing Address

**PO BOX 420342
KISSIMMEE FL 34742-0342
US**

10015773



2. Principal Place of Business

6801 Old Melbourne Hwy.

3. Mailing Address

P.O. Box 420342

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

St. Cloud, Florida

City & State

Kissimmee, Florida

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip
34771

Country
Osceola

Zip
34742-0342

Country
Osceola

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

**CASTLEBERRY, JOAN
954 S HOAGLAND BLVD
STE A
KISSIMMEE FL 34741**

Name

Les R. Murdock

Street Address (P.O. Box Number is Not Acceptable)

6801 Old Melbourne Hwy.

City

St. Cloud,

FL

Zip Code
34771

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Les R. Murdock, President**

Signature, typed or printed name of registered agent and title if applicable.

Les R. Murdock

(NOTE: Registered Agent signature required when reinstating)

January 17, 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTLEBERRY, JOAN 954 S HOAGLAND BLVD KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOWERS, SUSAN PO BOX 701354 ST CLOUD FL 34770	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JESSEE, CHERYL 1758 R.F. BRANCH RD ST. CLOUD FL 34772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTON, JACKIE 1517 FLORIDA AVENUE SAINT CLOUD FL 34769	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIANNE, CLARK 5300 N CANOE CREEK RD ST CLOUD FL 34769	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYRELL, CALVIN 917 VERONA ST KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Les R. Murdock 6801 Old Melbourne Hwy. St. Cloud, FL 34771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rex Rowe P.O. Box 520 Intercession City, FL 33848	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Shelbe Brooks 5550 Cyrils Drive St. Cloud, FL 34771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leslie M. Strauss P.O. Box 700012 St. Cloud, FL 34770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chuck Norris 722 Jersey Ave. St. Cloud, FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joan Castleberry 954 S. Hoagland Blvd. Kissimmee, FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Les R. Murdock*

January 17, 2003 (407)957-2323

CR2E037 (10/02)