

FILED
Apr 24, 2000 8:00 am
Secretary of State

02-01-2000 90117 006 ****61.25

DOCUMENT # N93000000042

1. Entity Name

OSCEOLA COUNTY HUNDRED CLUB, INC.

Principal Place of Business 8 N STEWART AVE KISSIMMEE FL 34741	Mailing Address POB 423191 KISSIMMEE FL 34742-3191
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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 **59-3162288** Applied For Not Applicable

5. Certificate of Status Desired - \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNTZING, WILLIAM H
 1102 W OAK ST.
 KISSIMMEE FL 34741

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 _____ (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	P MUNTZING, WILLIAM H 1102 W OAK ST KISSIMMEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TERRY Lee ROBERTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 420174 KISSIMMEE FL 34742 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERTS, TERRY LEE <input checked="" type="checkbox"/> Delete P.O. BOX 420174 N/A KISSIMMEE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAM L FRAKES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 803 NEPTUNE RD KISSIMMEE, FL 34744 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARTZOG, MARTA V <input type="checkbox"/> Delete 2219 ACREE LANE KISSIMMEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARSON, IRIS <input checked="" type="checkbox"/> Delete 1611 LORALYN E KISSIMMEE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORAN, TERRY <input checked="" type="checkbox"/> Delete PO BOX 10000 N/A LAKE BUENA VISTA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAKES, WILLIAM L <input checked="" type="checkbox"/> Delete 803 NEPTUNE RD KISSIMMEE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: TERRY Lee ROBERTS 1/26/00 (407) 847-2494
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #