

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

0081879

**DOCUMENT # N93000000042**

04-26-2001 90319 023 \*\*\*\*\*61.25

1. Entity Name

**OSCEOLA COUNTY HUNDRED CLUB, INC.**

Principal Place of Business

Mailing Address

**8 N STEWART AVE  
 KISSIMMEE FL 34741**

**POB 423191  
 KISSIMMEE FL 34742**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3162288**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 \_\_\_\_\_

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: PD  
 NAME: MUNTZING, WILLIAM H  Delete  
 STREET ADDRESS: 1102 W OAK ST  
 CITY-ST-ZIP: KISSIMMEE FL

TITLE: PD  
 NAME: WILLIAM W SETON  Change  Addition  
 STREET ADDRESS: 607 CANTERBURY LANE  
 CITY-ST-ZIP: KISSIMMEE FL 34741

TITLE: TD  
 NAME: ROBERTS, TERRY LEE  Delete  
 STREET ADDRESS: P.O. BOX 420174 N/A  
 CITY-ST-ZIP: KISSIMMEE FL 34742

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

TITLE: SD  
 NAME: HARTZOG, MARTA V  Delete  
 STREET ADDRESS: 2219 ACREE LANE  
 CITY-ST-ZIP: KISSIMMEE FL

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

TITLE: VD  
 NAME: PRAKES, WILLIAM L  Delete  
 STREET ADDRESS: 803 NEPTUNE RD  
 CITY-ST-ZIP: KISSIMMEE FL 34744

TITLE: VD  
 NAME: JAMES M POFFENBAUGH  Change  Addition  
 STREET ADDRESS: 1118 13TH ST.  
 CITY-ST-ZIP: ST. CLOUD FL 34769

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

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

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 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: Terry Lee Roberts TERRY Lee Roberts 4/17/01 407-842 2494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)