

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000349

1. Entity Name

OSCEOLA BIBLE CHAPEL, INC.

Principal Place of Business

108 S. FORREST AVE.  
KISSIMMEE FL 34741

Mailing Address

108 S. FORREST AVE.  
KISSIMMEE FL 34741

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 59-3227823

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

PLETT, LESLIE P  
108 S. FORREST AVE.  
KISSIMMEE FL 34741

Name  
~~LESLIE P. PLETT~~

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

C/O DONALD E LEPIC

4135 BERGAMONT COURT

City

KISSIMMEE

FL

Zip Code

34746

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  
D  
RAITH, R.J.  
311 MEDINA COURT  
KISSIMMEE FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CTD  
LEPIC, DONALD E  
4135 BERGAMONT CT.  
KISSIMMEE FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PLETT, LESLIE P  
108 S. FORREST AVE.  
KISSIMMEE FL 34741 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ALBERS, THOMAS G  
3272 TIMUCA CIRCLE  
ORLANDO FL 32837 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MYERS, BRYAN D  
1050 HERON CT  
POINCIANA FL 34759 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

*Donald E Lepic*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

407 343-2624  
Daytime Phone #

FILED  
Mar 08, 2001 8:00 am  
Secretary of State

03-08-2001 90111 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)