

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000782

1. Entity Name

OSCEOLA COUNTY REPEATER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1101 CAROLINA AVE
ST CLOUD FL 34769

1101 CAROLINA AVE
ST CLOUD FL 34769-3816

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
1101 Carolina Ave.

Suite, Apt. #, etc.

City & State
St. Cloud, FL

City & State

Zip
34769

Country
Osceola

Zip

Country

4. FEI Number
59-3290011

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

DANLEY, RICHARD D
3510 13TH ST.
ST CLOUD FL 34769

Name
Danley, Richard D.
Street Address (P.O. Box Number is Not Acceptable)
3510 13th St.
City St. Cloud FL Zip Code 34769

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 D
NAME MONTESI, LAWRENCE A
STREET ADDRESS 3724 HENRY J AVE
CITY-ST-ZIP ST CLOUD FL 34772 ☐ Delete

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

TITLE D
NAME SMITH, WAYNE
STREET ADDRESS 1101 CAROLINA AVE
CITY-ST-ZIP ST CLOUD FL 34769 ☐ Delete

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

TITLE D
NAME SHAFER, CLARENCE
STREET ADDRESS 2870 HOLSTER WAY
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Wayne Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-2000 407892 5825

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)