

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000782

1. Entity Name

OSCEOLA COUNTY REPEATER ASSOCIATION, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90128 029 ****61.25

Principal Place of Business

1101 CAROLINA AVE
ST CLOUD FL 34769

Mailing Address

1101 CAROLINA AVE
ST CLOUD FL 34769

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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 1-25-2002 407 892 5825

CR2E037 (9/01)