## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N95000000782

1. Entity Name

OSCEOLA COUNTY REPEATER ASSOCIATION, INC.



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90045 016 \*\*\*\*61.25

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Principal Place	e of Business		Mailing	g Address									
1101 CAROLINA AVE ST CLOUD FL 34769				1101 CAROLINA AVE ST CLOUD FL 34769									
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2. Principal Place of Business  11.01 Carolina Ave Suite, Apt. #, etc.				3. Mailing Address 1101 Carolina ave.  Suite, Apt. #, etc.									BH
								CHECK HERE IF MAKING CHANGES					
-75t-3-4-													
City & State		F1 34769		y & State Cloud. ,	F1 3	4769		4. FEI Numb	er <b>59-32</b> 9	90011		· -	pplied For lot Applicable
		Country			<del></del>			- 0		Sections		88.75 Ac	
34769	-(	sceóla	34"	769	Osc	eola		5. Certificate	e of Status I	Jesired		ee Requir	
	6. Name ar	d Address of Curren	t Registere	d Agent		Name		7. Name and	Address	of New Re	egistered A	gent	· T.
		***				Name							
DANLEY, 3510 13T	RICHARD D			[ :			ddress (P.	O. Box Numb	er is Not Ad	cceptable)	}		
	D FL 34769												
	5 12 511 55					City					FL	Zip Cod	de
	-					-	~					1	
	named entity s ions of registers	ubmits this statement t	for the purpo	ose of changing	its register	ed office or	registered	d agent, or bo	oth, in the S	tate of Flo	rida. Tam ta	amıllar with	, and accept
the obligati	ions or registers	a agon.											
SIGNATURE -		100									DATE		
SIGNATURE -	Signature, typed or	printed name of registered ages	nt and title if app	ficable. (N	OTE: Registere	ed Agent signatu	ure required w	hen reinstating)			DATE	•	
	Signature, typed or	rinted name of registered ager	nt and title if app				-					Danielala	
		FEE IS \$61.25	nt and title if app	9. Election C	ampaign f	inancing		\$5.00 May			ke Check		
			nt and title if app	9. Election C		inancing							
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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: Would Smith Ewayner Smith Fises - TREASURIN 1-3-2003 407 892 582