

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

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

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

**DOCUMENT # N95000000782**

1. Entity Name  
**OSCEOLA COUNTY REPEATER ASSOCIATION, INC.**



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

**1101 Carolina Ave**

Suite, Apt. #, etc.

**St. Cloud, FL 34769**

City & State  
**St. Cloud, FL 34769**

Zip  
**34769**

Country  
**Osceola**

3. Mailing Address

**1101 Carolina ave.**

Suite, Apt. #, etc.

City & State  
**St. Cloud, FL 34769**

Zip  
**34769**

Country  
**Osceola**



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida 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 **SHAHER, 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 **D Smith, Bruce**  
STREET ADDRESS **439 New York ave.**  
CITY-ST-ZIP **St. Cloud, FL 34769**

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* **Wayne Smith** *1-3-2003 407 892 5825*

CR2E037 (10/02)