

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000047

1. Entity Name

OSCEOLA BUSINESS EXCHANGE, INC.

FILED

May 22, 2000 8:00 am  
Secretary of State

05-22-2000 90025 025 \*\*\*\*61.25

Principal Place of Business

104 N CHURCH ST  
KISSIMMEE FL 34741  
US

Mailing Address,

104 N CHURCH ST  
KISSIMMEE FL 34741-5055  
US

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

59-3398676

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

BRIAN M MARK  
104 N CHURCH ST  
KISSIMMEE FL 34741

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME LEVELY, DICK  
STREET ADDRESS 1118 -13TH ST  
CITY-ST-ZIP ST CLOUD FL 34749 ☐ Delete

TITLE PD  
NAME Richard STARR  
STREET ADDRESS 2518 Mesquite Place  
CITY-ST-ZIP Kissimmee, FL 34741-1625 ☒ Change ☐ Addition

TITLE SD  
NAME THOMPSON, LAURA  
STREET ADDRESS 716 N. MAIN ST  
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete

TITLE SD  
NAME Doris Starr  
STREET ADDRESS 2518 Mosquito Place  
CITY-ST-ZIP Kissimmee, FL 34741-1625 ☒ Change ☐ Addition

TITLE TD  
NAME ELKINS, GREG  
STREET ADDRESS 12319 S.O.B.T. #288  
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

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

TITLE VPD  
NAME LEONARD, PAM  
STREET ADDRESS 90 ATLANTIC AVE  
CITY-ST-ZIP MASCOTTE FL 34753 ☐ Delete

TITLE VPD  
NAME William Bauder  
STREET ADDRESS 59 DOUGLASS DR  
CITY-ST-ZIP KISS. FL. 34758 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/2000 407-251-7249

CR2E037 (9/99)