

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003517

1. Entity Name

OSCEOLA RIDERS INCORPORATED

Principal Place of Business

4510 PINE TREE DR
ST. CLOUD FL 34772
US

Mailing Address

PO BOX 701232
ST. CLOUD FL 34770
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

59-3469513

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

SCOTT, MICHAEL B
4510 PINE TREE DR
ST. CLOUD FL 34772

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 ☐ Delete
NAME SCOTT, MICHAEL B
STREET ADDRESS 4510 PINE TREE DR
CITY-ST-ZIP ST. CLOUD FL 34772

TITLE VPD ☐ Change ☒ Addition
NAME CARTER, MARY
STREET ADDRESS 10848 MYSTIC COURT, #102
CITY-ST-ZIP ORLANDO, FL 32836

TITLE VPD ☒ Delete
NAME YOUNG, ERNIE
STREET ADDRESS 9070 ATLAS DR
CITY-ST-ZIP ST. CLOUD FL 34773

TITLE SD ☐ Change ☒ Addition
NAME CLARK, NORMA J.
STREET ADDRESS 725 BROWN CHAPEL ROAD
CITY-ST-ZIP ST. CLOUD, FL 34769

TITLE SD ☒ Delete
NAME TREESE, DIANA
STREET ADDRESS 6790 BAYSHORE DR.
CITY-ST-ZIP ST. CLOUD FL 34771

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

TITLE TD ☐ Delete
NAME SCOTT, CAROLYN S
STREET ADDRESS 4510 PINE TREE DR
CITY-ST-ZIP ST. CLOUD FL 34772

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: Michael B. Scott Michael B. Scott, President

(407)943-3686 4/5/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)