

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90027 028 ****70.00

DOCUMENT # N99000001455

1. Entity Name

OSCEOLA COUNTY MEDICAL ALLIANCE FOUNDATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 451814
 KISSIMMEE FL 34745-1814

P.O. BOX 451814
 KISSIMMEE FL 34745-1814

840292



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3567260

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PRICE, NANCY

1762 KING ARTHUR CT 2750 Clay Whaley RD
 KISSIMMEE FL 34744 ST Cloud, FL 34772

Name

Street Address (P.O. Box Number is Not Acceptable)

2750 Clay Whaley RD

City

ST Cloud

FL

Zip Code

34772

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

Nancy Price Treasurer Nancy Price

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	<input type="checkbox"/> Delete
NAME	LOGAN, ROSEMARY	
STREET ADDRESS	1540 GRANDVIEW BLVD	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OGLESBY, JEANIE	
STREET ADDRESS	307 S CLYDE AVE	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	SD	<input type="checkbox"/> Delete
NAME	O'MALLEY, KAREN	
STREET ADDRESS	1992 SIR LANCELOT CIR	
CITY-ST-ZIP	ST. CLOUD FL 34772	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PRICE, NANCY	
STREET ADDRESS	1752 KING ARTHUR CT	
CITY-ST-ZIP	KISSIMMEE FL 34745-1814	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGLESBY, JEANIE	
STREET ADDRESS	307 S CLYDE AVE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORNA JANULO	
STREET ADDRESS	203 WEST MACCLOLAND CIR.	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2750 Clay Whaley RD	
CITY-ST-ZIP	ST Cloud, FL 34772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: NANCY PRICE TREASURER

Nancy Price

2/16/00 407 891 0708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAY

Daytime Phone #

CR2E037 (9/99)