

2000 UNIFORM BUSINESS REPORT (UBR)

0015676

DOCUMENT # N99000001800

1. Entity Name

KISSIMMEE VALLEY TRAIL RIDE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
00 NOV -1 PM 4:04

Principal Place of Business
1800
1300 MAC OVERSTREET RD.
KISSIMMEE FL 34746

Mailing Address
1800
1300 MAC OVERSTREET RD.
KISSIMMEE FL 34746



2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
REINSTATEMENT

4. FEI Number
N/A

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

OVERSTREET, JENNINGS L
1300 MAC OVERSTREET RD.
KISSIMMEE FL 34746

Name
Same
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 *Jennings L Overstreet*
Signature, typed or printed name of registered agent and title if applicable.

10/10/00
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	Director Jennings L. Overstreet 1300 Mac Overstreet Road Kissimmee, FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President Tom Mullany 6200 Calvin Lee Road Groveland, FL 34736-9477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Secretary Linda J. Starr 3930 Canoe Creek Road St. Cloud, FL 34772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bob Spivey P. O. Box 421492, Kissimmee, FL 347	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Linda Spivey P. O. Box 421492 Kissimmee, FL 34742-1492	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Alison Mullany 6200 Calvin Lee Road Groveland, FL 34736-9477	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400003469664--7 -11/20/00--01020--0103 ***236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Alison Mullany President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/00
Date

Daytime Phone #

CR2E037 (5/00)