

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N99000005555

1. Entity Name

OSCEOLA FISH FARMERS ASSOCIATION, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

04-21-2000 90113 040 ****61.25

Principal Place of Business	Mailing Address
3480 HICKORY TREE RD. ST CLOUD FL 34772	3480 HICKORY TREE RD. ST CLOUD FL 34772-8964



DO NOT WRITE IN THIS SPACE

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 59-3644858	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent
GUY, WILLIAM E JR 55 EAST OCEAN BLVD STUART FL 34994

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.

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	CASTELLI, ARTHUR D	
STREET ADDRESS	7580 E IRLO BRONSON MEMORIAL HWY	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WALTHER, RHONDA	
STREET ADDRESS	3480 HICKORY ROAD	
CITY-ST-ZIP	ST CLOUD FL 34772	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTHER, DONALD	
STREET ADDRESS	3480 HICKORY ROAD	
CITY-ST-ZIP	ST CLOUD FL 34772	
TITLE	DST	<input type="checkbox"/> Delete
NAME	KLINGSMITH, SHEILA	
STREET ADDRESS	3981 DOE DRIVE	
CITY-ST-ZIP	ST CLOUD FL 34772	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLINGSMITH, MICHAEL	
STREET ADDRESS	3981 DOE DRIVE	
CITY-ST-ZIP	ST CLOUD FL 34772	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTELLI, BONNY	
STREET ADDRESS	7580 E IRLO BRONSON MEM. HWY	
CITY-ST-ZIP	ST CLOUD FL 34771	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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:

Rhonda Walther
RHONDA WALTHER

4/13/2000

Date

Daytime Phone #

CR2E037 (9/99)