

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005555

1. Entity Name

OSCEOLA FISH FARMERS ASSOCIATION, INC.

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90120 019 \*\*\*\*61.25

Principal Place of Business

3460 HICKORY TREE RD.  
ST CLOUD FL 34772

Mailing Address

3460 HICKORY TREE RD.  
ST CLOUD FL 34772

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

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

GUY, WILLIAM E JR  
55 EAST OCEAN BLVD  
STUART FL 34994

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 \$31.25

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 ☐ Delete  
NAME DP  
STREET ADDRESS CASTELLI, ARTHUR D  
CITY-ST-ZIP 7580 E IRLO BRONSON MEMORIAL HWY  
ST CLOUD FL 34771

TITLE ☐ Delete  
NAME DV  
STREET ADDRESS WALTHER, RHONDA  
CITY-ST-ZIP 3460 HICKORY ROAD  
ST CLOUD FL 34772

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WALTHER, DONALD  
CITY-ST-ZIP 3460 HICKORY ROAD  
ST CLOUD FL 34772

TITLE ☐ Delete  
NAME DST  
STREET ADDRESS KLINGENSMITH, SHEILA  
CITY-ST-ZIP 3981 DOE DRIVE  
ST CLOUD FL 34772

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KLINGENSMITH, MICHAEL  
CITY-ST-ZIP 3981 DOE DRIVE  
ST CLOUD FL 34772

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CASTELLI, BONNY  
CITY-ST-ZIP 7580 E IRLO BRONSON MEM. HWY  
ST CLOUD FL 34771

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:

*Rhonda Walther*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)