FILED
Jun 23, 2002 8:00 am
Secretary of State
05-21-2002 91141 027 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000079967

1. Entity Name
Osceola Development Company, Inc.

36401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
250 N. Orange Ave.	PO Box 2807
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32801 Country: USA	Zip: 32802 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3738476 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ranier F. Munns

Street Address (P.O. Box Number is Not Acceptable): 250 N. Orange Ave. Suite 1000.

City: Orlando FL Zip Code: 32802

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	Munns, Ranier F.
STREET ADDRESS	250 N. Orange Ave.
CITY-ST-ZIP	Orlando, FL 32801
TITLE	D
NAME	Snider, Charles
STREET ADDRESS	PO Box 700207
CITY-ST-ZIP	St. Cloud, FL 34770
TITLE	D
NAME	Anderson, Rodger L.
STREET ADDRESS	2203 Lake Debra Dr.
CITY-ST-ZIP	Orlando, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Ranier F. Munns, Director 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #