

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000073277

1. Entity Name

OSCEOLA CYCLE & SKI, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90025 043 \*\*\*150.00

Principal Place of Business

Mailing Address

2632 N.O.B.T. HWY 441  
KISSIMMEE FL 34741  
US

2632 N.O.B.T. HWY 441  
KISSIMMEE FL 34741  
US

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

59-3206665

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

DAVIS, CARL L  
2632 N.O.B.T. HWY 441  
KISSIMMEE FL 34741

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME DAVIS, CARL L  
STREET ADDRESS 1440 SARA L STREET  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE PD ☒ Change ☐ Addition  
NAME Davis, Carl L.  
STREET ADDRESS 6815 Bass Hwy.  
CITY-ST-ZIP St. Cloud FL 34771

TITLE VD ☐ Delete  
NAME MCLELLAN, JAMES C JR  
STREET ADDRESS 5336 ANSONIA COURT  
CITY-ST-ZIP ORLANDO FL 32839

TITLE VP ☒ Change ☐ Addition  
NAME MCLELLAN James C Jr.  
STREET ADDRESS 475 Mandalay Rd  
CITY-ST-ZIP Orlando, FL 32809

TITLE S ☐ Delete  
NAME DAVIS, ANNA M  
STREET ADDRESS 1440 SARA L STREET  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE S ☒ Change ☐ Addition  
NAME Davis, Anna M  
STREET ADDRESS 6815 Bass Hwy.  
CITY-ST-ZIP St. Cloud FL 34771

TITLE T ☐ Delete  
NAME RAYBURN, MARION  
STREET ADDRESS 5336 ANSONIA COURT  
CITY-ST-ZIP ORLANDO FL 32839

TITLE T ☒ Change ☐ Addition  
NAME Rayburn, Marion  
STREET ADDRESS 475 Mandalay Rd.  
CITY-ST-ZIP Orlando, FL 32809

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-2000

Date

407-847-6686

Daytime Phone #

CR2E034 (9/99)