

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098555

1. Entity Name

OSCEOLA COUNTY FAIR, INC.

FILED
Feb 27, 2000 8:00 am
Secretary of State

02-27-2000 90006 001 *1,650.00

Principal Place of Business

7120 LAKE ELLENOR DRIVE
ORLANDO FL 32809

Mailing Address

P O BOX 55
ORLANDO FL 32802-0055

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 **59-3482748**

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

BENITEZ, AGUSTIN J
7120 LAKE ELLENOR DRIVE
ORLANDO FL 32809

Name
CRAIG T. COFFEY

Street Address (P.O. Box Number is Not Acceptable)
7120 LAKE ELLENOR DRIVE

City **ORLANDO, FLORIDA** **FL** Zip Code **32809**

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 Craig T. Coffey
Signature, typed or printed name of registered agent or title if applicable.

Craig T. Coffey
(NOTE: Registered Agent signature required when reinstating)

1/21/00
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 NAME STREET ADDRESS CITY-ST-ZIP	DP STRATES, E. JAY J 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS MAGID, SUSAN S 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS DOREMUS, SIBYL S 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENITEZ, AGUSTIN J. 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STRATES, JAMES E. 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STRATES, JOHN E. 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STRATES, E. JAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STRATES, PHYLLIS R. 7120 LAKE ELLENOR DRIVE ORLANDO, FLORIDA 32809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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

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: Craig T. Coffey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00
Date

407 855 3939
Daytime Phone #

CR2E034 (9/99)