

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90076 047 \*\*\*150.00

**DOCUMENT # P97000103376**

1. Entity Name

**OSCEOLA MEMORY GARDENS II, INC.**

Principal Place of Business

**1717 BOGGY CREEK ROAD  
KISSIMMEE FL 34744**

Mailing Address

**1717 BOGGY CREEK ROAD  
KISSIMMEE FL 34744-4426**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3486020**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**BLODIG, GREGORY J ESQ  
GREENSPOON MARDER HIRSCHFELD, ET AL  
100 WEST CYPRESS CREEK ROAD SUITE 700  
FT. LAUDERDALE FL 33309**

Name **TERRY Lee Roberts**  
Street Address (P.O. Box Number is Not Acceptable) **2665 HILLIARD CT.**  
City **KISSIMMEE** FL Zip Code **34744**

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

*Terry Lee Roberts* **SECRETARY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/20/00**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUSSELL, ROBERT D.</b>	
STREET ADDRESS	<b>200 NORTH FEDERAL HIGHWAY</b>	
CITY-ST-ZIP	<b>POMPAÑO BEACH FL 33062</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEPPEN, RONALD L</b>	
STREET ADDRESS	<b>200 NORTH FEDERAL HIGHWAY</b>	
CITY-ST-ZIP	<b>POMPAÑO BEACH FL 33062</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JUDGE, JAMES</b>	
STREET ADDRESS	<b>200 NORTH FEDERAL HIGHWAY</b>	
CITY-ST-ZIP	<b>POMPAÑO BEACH FL 33062</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROBERTS, TERRY L</b>	
STREET ADDRESS	<b>2665 GUKKUAN CT.</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2665 HILLIARD CT</b>	
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		

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:

*Robert D Russell* **Robert D Russell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/00 (407) 847 2494**

Date

Daytime Phone #