2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED

E OF SIGNING OFFICER OR DIRECTOR

FILED May 22, 2000 8:00 am Secretary of State DOCUMENT # **V43209** OSCEOLA DOWNS, INC. 05-22-2000 90040 049 ***150.00 Mailing Address Principal Place of Business 501 E OAK ST 501 E OAK ST SHITE A SUITE A KISSIMMEE FL 34744 KISSIMMEE FL 34744-4554 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3168179 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GINTHER, THOMAS A Street Address (P.O. Box Number is Not Acceptable) 501 E OAK ST SUITE A KISSIMMEE FL 34744 Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition CE₀ ☐ Delete TITLE TITLE BROWN, JERRY LEE NAME NAME STREET ADDRESS STREET ADDRESS 2244 HAM BROWN RD CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34744-6414 ☐ Addition ☐ Change Delete TITLE TITLE **BROWN, JACQUELINE ANN** NAME NAME STREET ADDRESS STREET ADDRESS 2244 HAM BROWN RD CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34744-6414 ☐ Change ☐ Addition ☐ Delete TITLE NAME RAMSEY, GRANVILLE R. NAME STREET ADDRESS STREET ADDRESS 853 SAN JOSE COURT CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34758 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME GINTHER, THOMAS ALLAN NAME STREET ADDRESS STREET ADDRESS 1790 KING HENRY DRIVE CITY-ST-ZIP CITY-ST-ZIP **KISSIMMEE FL 34744-6414** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

27 April 2000 (407) 935-1910

Daytime Phone #