

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90160 018 \*\*\*150.00

**DOCUMENT # H70787**

1. Entity Name

**BIG LAKE FINANCIAL CORPORATION**

Principal Place of Business

1409 SOUTH PARROTT AVENUE  
 OKEECHOBEE FL 34974

Mailing Address

1801 HWY 441 SE  
 OKEECHOBEE FL 34974-7338  
 US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2613321**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MULLINS, JOE G**  
**1409 S. PARROTT AVE.**  
**OKEECHOBEE FL 34974**

7. Name and Address of New Registered Agent

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WALPOLE, EDWIN E., III</b>	
STREET ADDRESS	<b>269 N.W. 9TH STREET</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>COOPER, MARY BETH</b>	
STREET ADDRESS	<b>2123 S.W. 21ST ST.</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ABNEY, JOHN W., SR.</b>	
STREET ADDRESS	<b>805 S.W. 15TH ST.</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MULLINS, JOE G.</b>	
STREET ADDRESS	<b>1409 S. PARROTT AVE.</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CULBRETH, GILBERT H</b>	
STREET ADDRESS	<b>P.O. BOX 848 N/A</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KELLY, HENRY C</b>	
STREET ADDRESS	<b>P.O. BOX 176 N/A</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tucker, Bobby</b>	
STREET ADDRESS	<b>2850 SW 16th St</b>	
CITY-ST-ZIP	<b>Okeechobee, FL 34974</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Fry, Curtis S.</b>	
STREET ADDRESS	<b>111 San Benito</b>	
CITY-ST-ZIP	<b>Clewiston, FL 33440</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Smith, Thomas A.</b>	
STREET ADDRESS	<b>Po Box 399</b>	
CITY-ST-ZIP	<b>Labelle, FL 33935</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Boys, John B., Jr</b>	
STREET ADDRESS	<b>Po Box 490</b>	
CITY-ST-ZIP	<b>Labelle, FL 33935</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Coker, Robert</b>	
STREET ADDRESS	<b>Po Box 1207</b>	
CITY-ST-ZIP	<b>Clewiston, FL 33440</b>	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00

Date

863-467-7000

Daytime Phone #

220

CPD/FUCR/10/00