

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90259 050 \*\*\*550.00

0130080 AT

**DOCUMENT # L11060**

1. Entity Name  
**OKEECHOBEE ABSTRACT & TITLE INSURANCE, INC.**

Principal Place of Business 302 NORTHWEST 3RD STREET OKEECHOBEE FL 34972	Mailing Address 302 NORTHWEST 3RD STREET OKEECHOBEE FL 34972
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**NOV83735**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 207 Northwest 2nd Street Suite, Apt. #, etc.	3. Mailing Address 207 Northwest 2nd Street Suite, Apt. #, etc.
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City & State Okeechobee, FL	City & State Okeechobee, FL	4. FEI Number 65-0146414	Applied For <input type="checkbox"/> Not Applicable
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Zip 34972	Country USA	Zip 34972	Country USA	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BARBER, R.H.</b> 302 N.W. 3RD STREET OKEECHOBEE FL 34972		7. Name and Address of New Registered Agent Name <b>R.H. Barber</b> Street Address (P.O. Box Number is Not Acceptable) 207 Northwest 2nd Street City Okeechobee FL Zip Code 34972	
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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 *R.H. Barber* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BARBER, R.H. 302 N.W. 3RD STREET OKEECHOBEE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>207 Northwest 2nd Street Okeechobee, FL 34972</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BARBER, THOMAS W. 302 N.W. 3RD STREET OKEECHOBEE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>207 Northwest 2nd Street Okeechobee, FL 34972</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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, 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: *R.H. Barber* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)