2000 UNIFORM BUSINESS REPORT (UBR) 1/28

FILED
Apr 26, 2000 8:00 am
Secretary of State
01-28-2000 90095 003 ****61.25

400076

DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000004685

1. Entity Name

CONSERVATION CENTER FOR LAKE OKEECHOBEE, KISSIMM

Principal Place of Business	Mailing Address
10375 HWY 78 W OKEECHOBEE FL 34974	PO BOX 3098 OKEECHOBEE FL 34973-3098 US

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 65-0779384 ☐ 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
COOK, JOHN R 202 NW 5TH AVE OKEECHOBEE FL 34974	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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** *May Be Added to Fees*

Make Check Payable to *Department of State*

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DP NAME LARSON, KAREN W STREET ADDRESS 2110 NE 39TH BLVD CITY-ST-ZIP OKEECHOBEE FL 34972	☑ Delete	TITLE President NAME John morgan STREET ADDRESS P.O. Box 2033 CITY-ST-ZIP Okeechobee, Fl 34973	☑ Change ☐ Addition
TITLE DST NAME CABLE, MARGARET STREET ADDRESS 1852 S.W. 37TH AVE. CITY-ST-ZIP OKEECHOBEE FL 34974	☐ Delete	TITLE D VP NAME Paul Gray STREET ADDRESS 100 Riverwoods Circle CITY-ST-ZIP Lorida, Fl. 33857	☑ Change ☐ Addition
TITLE DST NAME VALENTINE, TWILA C STREET ADDRESS 503 SE 6TH ST CITY-ST-ZIP OKEECHOBEE FL 34972	☐ Delete	TITLE D Larry Lanier NAME VP 7483 N.W. 86th Ct. STREET ADDRESS CITY-ST-ZIP Okeechobee, FL 34972	☐ Change ☐ Addition
TITLE D NAME Nancy Shore STREET ADDRESS P.O. Box 103 CITY-ST-ZIP Okeechobee, Fl 34973	☐ Delete	TITLE D NAME Kay Mullins STREET ADDRESS [illegible] N.W. 1?th Ave CITY-ST-ZIP Okeechobee, Fl 34972	☐ Change ☑ Addition
TITLE D Barry Legé -H301 NAME 5300 US 1 N STREET ADDRESS Ft Pierce, Fl. 34946 CITY-ST-ZIP	☐ Delete	TITLE Tom Jankowski NAME 2031 S.E. 24th Blvd STREET ADDRESS Okeechobee, Fl. 34974 CITY-ST-ZIP	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret Cable ESQUIRE Executive Director 1/21/00 863-462-5070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)