

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004685

1. Entity Name

CONSERVATION CENTER FOR LAKE OKEECHOBEE, KISSIMMEE RIVER, EVERGLADES EDUCATION, INC.

Principal Place of Business

Mailing Address

10375 HWY 78 W
OKEECHOBEE FL 34974

PO BOX 3098
OKEECHOBEE FL 34973
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

TITLE DP ☐ Delete
NAME MORGAN, JOHN
STREET ADDRESS P O BOX 2033
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE DST ☐ Delete
NAME CABLE, MARGARET
STREET ADDRESS 1852 S.W. 37TH AVE.
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE DST ☐ Delete
NAME VALENTINE, TWILA C
STREET ADDRESS 503 SE 6TH ST
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE DVP ☐ Delete
NAME GRAY, PAUL
STREET ADDRESS 100 RIVERWOODS CIR
CITY-ST-ZIP LORIDA FL 33857

TITLE D ☐ Delete
NAME LANIER, LARRY
STREET ADDRESS 7483 NW 86TH CT
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Executive Director ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Margi J Cable, Executive Director 4/22/02 863-462-5070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE