

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90672 027 ***158.75

0399452 AV

DOCUMENT # 253109
 1. Entity Name
ALLAPATTAH OPERATING COMPANY

Principal Place of Business Mailing Address
9425 CARLTON ROAD **P.O. BOX 700**
FORT PIERCE FL 34988 **BELLE GLADE FL 33430**

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 **59-0997090** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 LAVERGNE, TERREL J
 P.O. BOX 700
 205 S.W. 1ST STREET
 BELLE GLADE FL 33430

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	KERR, ROBERT	
STREET ADDRESS	HWY. 17 & HWY. 92	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILLIAMS, STEVEN L.	
STREET ADDRESS	205 SW 1ST STREET	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	DRISCOLL, PAUL	
STREET ADDRESS	2906 GROVE DR	
CITY-ST-ZIP	FT. PIERCE FL 34981	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, GARY	
STREET ADDRESS	515 BRYAN ST	
CITY-ST-ZIP	KISSIMMEE FL 32741	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAVERGNE, TERREL J	
STREET ADDRESS	205 S.W. 1ST STREET	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WEBMAN, JEFF	
STREET ADDRESS	105 FOX VALLEY COURT	
CITY-ST-ZIP	LONGWOOD, FL 32779	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, SANDY	
STREET ADDRESS	205 S W 1ST STREET	
CITY-ST-ZIP	BELLE GLADE, FL 33430	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **Steven L. Williams** 561-996-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (9/01)