

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 713392**

1. Entity Name

OKEECHOBEE REHABILITATION FACILITY, INC.

Principal Place of Business

**403 NW 2ND AVENUE
OKEECHOBEE FL 34972**

Mailing Address

**403 NW 2ND AVENUE
OKEECHOBEE FL 34972**

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

59-1199393

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

**BAILEY, VERNA
600 SW 11TH 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 \$61.259. 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	<input type="checkbox"/> Delete
NAME	BAILEY, VERNA	
STREET ADDRESS	600 SW 11TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, DENNIS WAYNE	
STREET ADDRESS	50 SE 2nd AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	

TITLE	DVP	<input type="checkbox"/> Delete
NAME	HARDEN, MONICA	
STREET ADDRESS	P.O. BOX 486 (N/A)	
CITY-ST-ZIP	OKEECHOBEE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, TOM	
STREET ADDRESS	13371 NE 18TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, SELINA J	
STREET ADDRESS	916 NW 4TH ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BARNHART, JIM	
STREET ADDRESS	1244 SW 19TH TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Verna Bailey **VERNA BAILEY, PRESIDENT OF BOARD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(863) 763-3902

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)