

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # 713392

1. Entity Name

OKEECHOBEE REHABILITATION FACILITY, INC.

02 DEC 12 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

200009494772
12/12/02--01121--005 **70.00

2. Principal Place of Business
403 NW 2nd AVE

3. Mailing Address
403 NW 2nd AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OKEECHOBEE FL

City & State
OKEECHOBEE FL

4. FEI Number
59-1199393

Applied For
Not Applicable

Zip
34972

Country
USA

Zip
34972

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Colin M. Cameron

Street Address (P.O. Box Number is Not Acceptable)

200 NE 4th AVE

City

OKEECHOBEE

FL

Zip Code
34972

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

Colin M. Cameron, Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	President - Birector Tom Murphy 13371 NE 18th AVE OKEECHOBEE FL 34972	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Director Salina D. Abney 805 SW 15th St Okeechobee FL 34974	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Syfrett, Fran 3079 NW 8th ST Okeechobee FL 34972	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ladia, Lilia A. 210 NE 19th Drive Okeechobee FL 34972	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Director Zeigler, Nancy 403 NW 2nd AVE Okeechobee, FL 34972	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/02 863 763-2419

Date

Daytime Phone: #

CR2E037B (12/01)