

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90246 020 ****70.00

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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CAMERON, COLIN M
200 NE 4TH AVENUE
OKEECHOBEE FL 34972**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
NAME **BAILEY, VERNA**
STREET ADDRESS **600 SW 11TH AVE.**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Ladia, Lilia A.**
STREET ADDRESS **210 NE 19th Drive**
CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE **DVP** ☒ Delete
NAME **HARDEN, MONICA**
STREET ADDRESS **P.O. BOX 486 (N/A)**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Syfrett, Fran**
STREET ADDRESS **3079 NW 8th St**
CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE **D** ☐ Delete
NAME **MURPHY, TOM**
STREET ADDRESS **13371 NE 18TH AVE**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

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

TITLE **D** ☐ Delete
NAME **COLLINS, SELINA J**
STREET ADDRESS **916 NW 4TH ST**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **D** ☒ Change ☐ Addition
NAME **Abney, Selina J.**
STREET ADDRESS **403 NW 2nd Avenue**
CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE **D** ☒ Delete
NAME **DAVIS, DENNIS WAYNE**
STREET ADDRESS **50 SE 2ND AVE.**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☒ Addition
NAME **Executive Director**
STREET ADDRESS **Zeigler, Nancy**
CITY-ST-ZIP **403 NW 2nd Avenue**
Okeechobee, FL 34972

TITLE **D** ☐ Delete
NAME **Syfrett, Fran**
STREET ADDRESS **3079 NW 8th St**
CITY-ST-ZIP **Okeechobee, FL 34972**

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:

SIGNATURE REQUIRED

4/28/03 863763-2419

CR2E037 (10/02)