

2001 UNIFORM BUSINESS REPORT (UBR)

2/28

FILED
Mar 29, 2001 8:00 am
Secretary of State

02-28-2001 90118 007 ****61.25

DOCUMENT # 725980

1. Entity Name

OKEECHOBEE CITIZENS RECREATIONAL ASSOCIATION

Principal Place of Business

Mailing Address

PO BOX 414
 OKEECHOBEE FL 34973-414
 US

PO BOX 414
 OKEECHOBEE FL 34973-414
 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 **59-1722950**

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

7. Name and Address of New Registered Agent

BENNETT, MIKE
 7400 N.W. 84 COURT
 OKEECHOBEE FL 34972

Name **DARRELL-DONNELLY**
 Street Address (P.O. Box Number Is Not Acceptable) **3996 S.W. 9th Way**
 City **Okeechobee** **FL** Zip Code **34974**

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 *Darrell Donnelly* **DARRELL DONNELLY** **2-22-01**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARNOLD, BRENDA 818 SE 11 STREET OKEECHOBEE FL 34972	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARSOCCI, LINDA 1406 SE 4 STREET OKEECHOBEE FL 34974 (same)	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUMPKIN, MORGAN P.O BOX 3180 N/A OKEECHOBEE FL 34973	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENNETT, MIKE 7400 NW 84 CT. OKEECHOBEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Vice President Stan Speed 701 S.W. CR 721 Okeechobee, FL 34974	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD President Darrell Donnelly 3996 S.W. 9th Way Okeechobee, FL 34974	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Treasurer Tommy Clay 636 S.W. 85th Ave Okeechobee, FL 34974	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Linda Marsocci* **LINDA MARSOCCI** **2-22-01** **863-763-0059**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)