

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757797

1. Entity Name

SUNSET STRIP AIRPARK PROPERTY OWNER'S ASSOCIATIO

R

FILED
Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90006 021 ****61.25

Principal Place of Business

Mailing Address

OTTO STRIEBEL JR.
 6583 SW 13 ST
 OKEECHOBEE FL 34974
 US

PO BOX 92
 OKEECHOBEE FL 34973
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Daniel Clements

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 6680 13th St.

Suite, Apt. #, etc.
 P.O. Box 92

City & State
 Okeechobee, FL.

City & State
 Okeechobee, FL.

4. FEI Number 65-0174105

Applied For
 Not Applicable

Zip Country
 34974 U.S.

Zip Country
 34973 U.S.

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

STRIEBEL, JESSIE
 6583 SW 13 ST
 OKEECHOBEE FL 34974

Name Daniel Clements

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

6680 S.W. 13th St.

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 Daniel Clements

8-23-00

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
 After September 13, 2000 min. will be \$236.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	STRIEBEL, OTTO JR	
STREET ADDRESS	6583 SW 13 ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLEMENTS, DANIEL	
STREET ADDRESS	6680 SW 13 ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DONALDSON, LOAL	
STREET ADDRESS	6681 SW 13 ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIEL, DEWEY	
STREET ADDRESS	7589 SW 13 ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIORENZA, JOSEPH	
STREET ADDRESS	7984 SW 13 ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	STRIEBEL, JESSIE	
STREET ADDRESS	6583 SW 13 ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDDIE MATCHETT	
STREET ADDRESS	7816 S.W. 9th St.	
CITY-ST-ZIP	Okeechobee, FL. 34974	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTS, DANIEL	
STREET ADDRESS	6680 S.W. 13th St.	
CITY-ST-ZIP	Okeechobee, FL. 34974	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD AMSDEN	
STREET ADDRESS	6757 S.W. 13th St.	
CITY-ST-ZIP	Okeechobee, FL. 34974	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA CLEMENTS	
STREET ADDRESS	6680 S.W. 13th St.	
CITY-ST-ZIP	Okeechobee, FL. 34974	

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

8-23-00

863-467-1913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)