

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2001 8:00 am**  
**Secretary of State**

08-07-2001 90008 018 \*\*\*\*61.25

**DOCUMENT # 757797**

1. Entity Name

**SUNSET STRIP AIRPARK PROPERTY OWNER'S ASSOCIATIO**

*(Handwritten mark)*

Principal Place of Business

**%DANIEL CLEMENTS  
 6680 13TH ST  
 OKEECHOBEE FL 34974  
 US**

Mailing Address

**PO BOX 92  
 OKEECHOBEE FL 34973  
 US**

**C0074883**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0174105**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CLEMENTS, DANIEL  
 6680 SW 13TH ST  
 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 \$61.25**  
**After September 12, 2001, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MATCHETT, EDDIE</b> <b>7816 SW 9TH ST</b> <b>OKEECHOBEE FL 34974</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CLEMENTS, DANIEL</b> <b>6680 SW 13 ST</b> <b>OKEECHOBEE FL 34974</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AMSDEN, RICHARD</b> <b>8757 SW 13TH ST</b> <b>OKEECHOBEE FL 34974</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DANIEL, DEWEY</b> <b>7589 SW 13 ST</b> <b>OKEECHOBEE FL 34974</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FIORENZA, JOSEPH</b> <b>7984 SW 13 ST</b> <b>OKEECHOBEE FL 34974</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>CLEMENTS, LISA</b> <b>6583 SW 13 ST</b> <b>OKEECHOBEE FL 34974</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Matchett, Eddie</b> <b>7816 S.W. 9th St.</b> <b>Okeechobee, FL. 34974</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/S</b> <b>Clements, Daniel</b> <b>6680 S.W. 13th St.</b> <b>Okeechobee, FL. 34974</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Stark, Brad</b> <b>6690 S.W. 9th St.</b> <b>Okeechobee, FL. 34974</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Budovsky, Jeff</b> <b>7626 S.W. 9th St.</b> <b>Okeechobee, FL. 34974</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Slyter, Jack</b> <b>6808 S.W. 9th St.</b> <b>Okeechobee, FL. 34974</b>	<input checked="" 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)(l), 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:** *(Handwritten Signature)* **Daniel Clements T/S 8-1-01 863-467-1913**

CR2E037 (5/01)