

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90063 031 ****61.25

DOCUMENT # 757797

1. Entity Name
SUNSET STRIP AIRPARK PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business %DANIEL CLEMENTS 6680 13TH ST OKEECHOBEE FL 34974 US	Mailing Address PO BOX 92 OKEECHOBEE FL 34973 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Cheryl Rabinovitz Suite, Apt. #, etc. S.W. 13th St. 7286	3. Mailing Address Suite, Apt. #, etc.
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City & State Okeechobee FL	City & State	4. FEI Number 65-0174105	Applied For <input type="checkbox"/> Not Applicable
Zip 34974	Country USA	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CLEMENTS, DANIEL
6680 SW 13TH ST
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent
 Name **Cheryl Rabinovitz**
 Street Address (P.O. Box Number is Not Acceptable)
7286 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 TS* DATE 1-10-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATCHETT, EDDIE 7816 SW 9TH ST OKEECHOBEE FL 34974 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CLEMENTS, DANIEL 6680 SW 13 ST OKEECHOBEE FL 34974 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STARKS, BRAD 6690 SW 9TH ST. OKEECHOBEE FL 34974 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDOVSKY, JEFF 7626 S.W. 9TH ST. OKEECHOBEE FL 34974 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAYTER, JACK 6808 S.W. 9TH ST. OKEECHOBEE FL 34974 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS Cheryl Rabinovitz 7286 13th St. S.W. 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
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: *DANIEL CLEMENTS TS* DATE 1-10-02 DAYTIME PHONE # 863-467-1913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)