

2000 UNIFORM BUSINESS REPORT (UBR)

00180713 1

DOCUMENT # A32235

1. Entity Name

OKEECHOBEE GOLF ESTATES, LTD.

FILED

00 APR -6 AM 11:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**210 W. NORTH PARK STREET, SUITE 203
OKEECHOBEE FL 34972**

Mailing Address
**P.O. BOX 2030
OKEECHOBEE FL 34973-2030**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0292927**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**COX, LOUIS T.
210 W. NORTH PARK STREET, SUITE 203
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$571,000.00**
10. Amount of Capital Contributions in FLORIDA to date.
11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	HAZELLIEF, QUILLIE JOE "JOE", JR. 1600 S.E. 32ND AVENUE OKEECHOBEE FL 34974	STREET ADDRESS	
NAME		CITY - ST - ZIP	200003217812--9
STREET ADDRESS			-04/20/00--0115--013
CITY - ST - ZIP			*****526.25 *****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Quillie Joe Hazellief Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
8 Apr 00 941-763-0496
Date Daytime Phone #