

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A32235**

1. Entity Name

OKEECHOBEE GOLF ESTATES, LTD.

FILED

02 SEP 30 AM 9:09

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**

2. Principal Place of Business

2046 SW 31ST STREET

3. Mailing Address

Suite, Apt. #, etc.

DUE BY SEPTEMBER 25, 2002

City & State

OKEECHOBEE, FL

City & State

4. FEI Number

65-0292927

Applied For

Not Applicable

Zip

Country

34974

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

COX, LOUIS T.

210 W. NORTH PARK STREET, SUITE 203

OKEECHOBEE FL 34972

Name

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

2046 SW 31ST STREET

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Louis T. Cox Jr.

9-02-02

DATE

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 #

NAME **HAZELLIEF, QUILLIE JOE "JOE", JR.**

STREET ADDRESS **1600 S.E. 32ND AVENUE**

CITY-ST-ZIP **OKEECHOBEE FL 34974**

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CR2E003 (4/02)

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

9-2-02 863-763-6318

Date

Daytime Phone #