## **2000 UNIFORM BUSINESS REPORT (UBR)** FILED Apr 12, 2000 8:00 am Secretary of State **DOCUMENT # H70787** 1. Entity Name BIG LAKE FINANCIAL CORPORATION 04-12-2000 90160 018 \*\*\*150.00 Principal Place of Business Mailing Address 1409 SOUTH PARROTT AVENUE 1801 HWY 441 SE OKEECHOBEE FL 34974 OKEECHOBEE FL 34974-7338 0.009909992. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2613321 Not Applicable Zìp \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MULLINS, JOE G Street Address (P.O. Box Number is Not Acceptable) 1409 S. PARROTT AVE. OKEECHOBEE FL 34974 Zip Code City 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 - Theory Signature, typed or prints (NOTE: Registered Agent signature FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Director ☐ Delete TITLE TITLE WALPOLE, EDWIN E., III Tucker, Bobby 1850 SW 16#3 H NAME NAME 269 N.W. 9TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL CITY-ST-7IP Okeechobee, FL 34974 Director ☐ Change X Addition TITLE TITLE ☐ Delete COOPER, MARY BETH Fry, Curtis S. NAME NAME 2123 S.W. 21ST ST. STREET ADDRESS III San Benito STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL CITY-ST-7IP Clewiston, FL 33440 **Director** ☐ Change **X**Addition TITLE ☐ Delete TITLE

Coker, Robert CULBRETH, GILBERT H NAME NAME PO BOX 1207 P.O. BOX 848 N/A STREET ADDRESS STREET ADDRESS OLEECHOBEE FL CITY-ST-ZIP CITY-ST-ZIP Clewiston, FL 33440 Delete ☐ Change ☐ Addition TITLE TITLE KELLY, HENRY C NAME NAME P.O. BOX 176 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

TITLE

NAME

TITLE

Smith, Thomas

Labelle, FL 33935

Boy, John B. JJr

Labelles FL 339 35

Po Box 399

Director

Po Box 490

Director

13. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - 7/P

NAME

TITLE

abney, John W., Sr.

1409 S. PARROTT AVE.

805 S.W. 15TH ST.

OKEECHOBEE FL

MULLINS, JOE G.

OKEECHOBEE FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

4.300

863-467-7070 Davime Phone # 3300

Change

☐ Change

Addition

**Addition** 

ZZV