

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90195 032 ***150.00

0564126 AV

DOCUMENT # H70787

1. Entity Name
BIG LAKE FINANCIAL CORPORATION

Principal Place of Business
**1409 SOUTH PARROTT AVENUE
 OKEECHOBEE FL 34974**

Mailing Address
**1801 HWY 441 SE
 OKEECHOBEE FL 34974
 US**



2. Principal Place of Business

3. Mailing Address
1835 Hwy 441 SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
OKEECHOBEE FL

4. FEI Number
59-2613321

Applied For
 Not Applicable

Zip

Country

Zip
34974

Country
USA

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

**MULLINS, JOE G
 1409 S. PARROTT AVE.
 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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **WALPOLE, EDWIN E., III**
 STREET ADDRESS **269 N.W. 9TH STREET**
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Robert Coker**
 STREET ADDRESS **PO Box 1207**
 CITY-ST-ZIP **Clewiston, FL 33440-1207**

TITLE **ST** ☐ Delete
 NAME **COOPER, MARY BETH**
 STREET ADDRESS **2123 S.W. 21ST ST.**
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **Director** ☐ Change ☒ Addition
 NAME **John Bay Jr**
 STREET ADDRESS **PO Box 490**
 CITY-ST-ZIP **Labelle FL 33935**

TITLE **D** ☐ Delete
 NAME **ABNEY, JOHN W., SR.**
 STREET ADDRESS **805 S.W. 15TH ST.**
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Thomas Smith**
 STREET ADDRESS **PO Box 399**
 CITY-ST-ZIP **Labelle FL 33935-0399**

TITLE **V** ☐ Delete
 NAME **MULLINS, JOE G.**
 STREET ADDRESS **1409 S. PARROTT AVE.**
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Curtis Fry**
 STREET ADDRESS **111 Saw Benito Street**
 CITY-ST-ZIP **Clewiston FL 33440**

TITLE **D** ☐ Delete
 NAME **CULBRETH, GILBERT H**
 STREET ADDRESS **P.O. BOX 848 N/A**
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **TUCKER, BOBBY**
 STREET ADDRESS **2850 SW 16TH ST**
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02 **863-467-4663**
 Date Daytime Phone #

CH2E034 (9/01)