

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90168 024 ***150.00

0606201 AV

DOCUMENT # H70787

1. Entity Name

BIG LAKE FINANCIAL CORPORATION



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

Mailing Address
**1835 HWY 441 SE
OKEECHOBEE FL 34974
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2613321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MULLINS, JOE G
1409 S. PARROTT AVE.
OKEECHOBEE FL 34974**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **C/P**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☒ Change ☐ Addition
NAME **V/D**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

042203 (862) 467-7070 X 1020

Date

Daytime Phone #

CR2E034 (10/02)

attachment

86089671

#470787

BIG LAKE FINANCIAL CORPORATION

ADDITIONAL LISTING OF OFFICERS AND DIRECTORS

(ATTACHMENT)

TITLE	D
NAME	Curtis S. Fry
STREET ADDRESS	111 San Benito
CITY-ST-ZIP	Clewiston, FL 33440

TITLE	D
NAME	Thomas A. Smith
STREET ADDRESS	P. O. Box 399
CITY-ST-ZIP	LaBelle, FL 33935

TITLE	D
NAME	John B. Boy, Jr.
STREET ADDRESS	P. O. Box 490
CITY-ST-ZIP	LaBelle, FL 33935

TITLE	D
NAME	Robert Coker
STREET ADDRESS	P. O. Box 1207
CITY-ST-ZIP	Clewiston, FL 33440

TITLE	T
NAME	John A. Zelinske
STREET ADDRESS	2684 SW Sunnyfield Trail
CITY-ST-ZIP	Palm City, FL 34990