

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015760

1. Entity Name

K & B OKEECHOBEE, L.L.C.

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90441 046 ****50.00

969555



DO NOT WRITE IN THIS SPACE

Principal Place of Business

401 S. INDIAN RIVER DRIVE
FORT PIERCE FL 34950

Mailing Address

401 S. INDIAN RIVER DRIVE
FORT PIERCE FL 34950

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

02-0558229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOBLEGARD, R N III ESQ
401 S. INDIAN RIVER DRIVE
FORT PIERCE FL 34950

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KOBLEGARD, R. N III
2319 S. INDIAN RIVER DRIVE
FORT PIERCE FL 34950 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BISHIP, H. LAVON JR.
2805 S. INDIAN RIVER DRIVE
FORT PIERCE FL 34950 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

R. N. Koblegard, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6/20/02

461-5020

CR2E083 (9/01)