

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90010 016 ****61.25

DOCUMENT # N00000001305

1. Entity Name

OKEEHEELEE ATHLETIC FOUNDATION, INC.

(UP)

Principal Place of Business

7715 FOREST HILL BLVD.
 WEST PALM BEACH FL 33415

Mailing Address

7715 FOREST HILL BLVD.
 WEST PALM BEACH FL 33415

2. Principal Place of Business

3. Mailing Address

PO Box 20363

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WPB, FL

4. FR Number

651052212

Applied For
 Not Applicable

Zip

Country

33416 Palm Bch

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COATES, HOWARD K JR
ONE BOCA PLACE SUITE 340 WEST
2255 GLADES ROAD
BOCA RATON FL 33431

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 \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, ELLIS B	
STREET ADDRESS	624 WHIPPORWILL ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	JALAD, MICHAEL E	
STREET ADDRESS	8078 DILLMAN ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	COATES, HOWARD K JR	
STREET ADDRESS	9283 SPANISH MOSS ROAD EAST	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

Ellis B Hall

CR2E037 (5/01)