

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001305

1. Entity Name

OKEEHHEEL ATHLETIC FOUNDATION, INC.

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

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

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

City & State

WPB, FL

Zip

Country

Zip

Country

33416 Palm Bch

4. FRI Number

651052212

Applied For

Not Applicable

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

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 ☐ Delete  
 NAME D  
 STREET ADDRESS HALL, ELLIS B  
 CITY-ST-ZIP 624 WHIPPOWILL ROAD  
 WEST PALM BEACH FL 33417

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS JALAD, MICHAEL E  
 CITY-ST-ZIP 8078 DILLMAN ROAD  
 WEST PALM BEACH FL 33411

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS COATES, HOWARD K JR  
 CITY-ST-ZIP 9283 SPANISH MOSS ROAD EAST  
 LAKE WORTH FL 33467

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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)