

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90040 039 \*\*\*\*61.25

**DOCUMENT # N00000001305**

1. Entity Name

**OKEEHIEEE ATHLETIC FOUNDATION, INC.**

Principal Place of Business

7715 FOREST HILL BLVD.  
 WEST PALM BEACH FL 33415

Mailing Address

P O BOX 20363  
 WEST PALM BEACH FL 33416

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

~~65-1052242~~ 65-1138716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

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 \$61.25**

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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 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

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAR 4, 2002**

Date

Daytime Phone #

CR2E037 (9/01)