

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90148 021 \*\*\*\*61.25

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**DOCUMENT # NO1000003281**

1. Entity Name

**OKEECHOBEE SENIOR LEAGUE FOOTBALL ASSOCIATION, INC.**



Principal Place of Business

13252 NE 26TH AVE.  
OKEECHOBEE FL 34972

Mailing Address

PO BOX 272  
OKEECHOBEE FL 34973-0272

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 **65-0685835**

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

**KEMP, JIMMIE L**  
**13252 NE 26TH AVE.**  
**OKEECHOBEE FL 34972**

7. Name and Address of New Registered Agent

Name: **Marvin Roberts**  
Street Address (P.O. Box Number is Not Acceptable)  
**644 NW 21st Lane**  
**Okeechobee, Fla.**  
City **FL** Zip Code **34972**

I, 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

*Marvin Roberts*

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**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DPV	<input checked="" type="checkbox"/> Delete
NAME	KEMP, JIMMY L	
STREET ADDRESS	13252 NE 26TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KEMP, NORMA SUE	
STREET ADDRESS	13252 NE 26TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEMP, LEE C	
STREET ADDRESS	30750 NE 23RD WAY	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SCHOONMAKER, MARY JANE	
STREET ADDRESS	3669 NW 165TH CT.	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAULERSON, CINDY L	
STREET ADDRESS	3820 NW 144TH DR.	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DPV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roberts, Marvin	
STREET ADDRESS	644 NW 21st Lane	
CITY-ST-ZIP	Okeechobee, Fla. 34972	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kemp, Jimmy L	
STREET ADDRESS	13252 NE 26th Ave.	
CITY-ST-ZIP	Okeechobee, Fla. 34972	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly, Edward	
STREET ADDRESS	906 NW 12th St.	
CITY-ST-ZIP	Okeechobee, Fla. 34972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*Norma Sue Kemp*

863-467-7650

CR2E037 (10/02)