2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100005092

FRIENDS OF THE OKEECHOBEE BATTLEFIELD, INC.

1.	Entity Name		

Principal Place of Business

2. Principal Place of Business

SIGNATURE:

55 S. Parrott Avenue

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

55 S. Parrott Avenue

1850 LEE ROAD STE 210 WINTER PARK FL 32789

Suite, Apt. #, etc.

1850 LEE ROAD STE 210 WINTER PARK FL 32789

FILED Jul 04, 2002 8:00 am Secretary of State

05-23-2002 90112 011 ****70.00

37639



DO NOT WRITE IN THIS SPACE

Shawn M. Henderson, President

City & State			City & State			4. FEI Nur	nber	735	227		Applied For	_		
Okeechobee, Florida Okeechobee, Flo							57	<u>د -</u>	رد /	·		Not Applica	Die	
Zip		Country	l =			5. Certificate of Status Desired			d 🕱	S8.75 Ac				
34974 Okeechobee 34974 Ol 6. Name and Address of Current Registered Agent				Kee	<u>chobee</u> I		7. Name a	nd Add	dress of Ne	v Registere			\dashv	
d. Helile and Address of Content neglistered Agent					7. Name and Address of New Registered Agent Name							\neg		
				 -		Shawn M. Henderson								
GARRETT, MARK W					Street Address (P.O. Box Number is Not Acceptable)									
1850 LEE ROAD STE 210						-55-S Parrott Avenue								
WINTER PARK FL 32789						City			-			Zip Co	vie	
												349		
8. The above named entity submits this statement for the purpose of clapging its registered office or registered agent, or both, in the state of Florida.														
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SIGNATURE	Signatura bunados prior	ted name of registered agent an	nd title d englis	this (NOTE:	Registere	Shawn d Agent signati	M H &	enderso: when reinstating)	n, ' P	reside	n F. 4 – DATE	30-02		
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F	FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Con							\$5.00 Ma Added to Fe				ent of Sta		
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10.		OFFICERS AND DIRE	CTORS		11.		А	DDITIONS/0	CHANG	ES TO OFFI	CERS AND I	DIRECTORS	IN 10	\Box _
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NAME	Gopher, Lou	ise			NAM					•				69
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TITLE NAME	HENDERSON,	SHAWN			NAMI	1								_
	PO BOX 35		esiden	t	STRE	ET ADDRESS	-							
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	ertify that the info	rmation supplied with the	his filled de	es not qualify for the		1	ed in Sec	tion 119.070	3)(i). F#	orida Statute	s. I further o	ertify that the	Information	\dashv
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 required by chanter 617. Florida Statutes, and that my name appears in Block 10 or Block 11 if										r (
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 eath; that I am an officer or director of the corporation or the repeller or trustee empowered to execute this report as equired 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. April 30, 2002 863–634–2126														