

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

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90107 008 \*\*\*\*61.25

**DOCUMENT # NO2000004524**

1. Entity Name

**LAKE OKEECHOBEE BUSINESS OWNERS AND SUPPORTERS, INC.**



Principal Place of Business

13500 HIGHWAY 441 SE  
OKEECHOBEE FL 34974

Mailing Address

13500 HIGHWAY 441 SE  
OKEECHOBEE FL 34974

**55056018**

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

☒ 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

7. Name and Address of New Registered Agent

**POWERS, GAIL**

13500 HIGHWAY 441 SE  
OKEECHOBEE FL 34974

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Gail Powers*  
Signature, typed or printed name of registered agent and title, if applicable.  
**GAIL POWERS**

*President*  
(NOTE: Registered Agent signature required when reinstating)

*7-21-03*  
DATE

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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 **PD** ☐ Delete  
NAME **POWERS, GAIL**  
STREET ADDRESS **13500 HIGHWAY 441 SE**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **VD** ☐ Delete  
NAME **ROLAND, PHILLIP**  
STREET ADDRESS **340 W. VENTURA AVENUE**  
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE **ST** ☐ Delete  
NAME **AVEY, DEBBIE**  
STREET ADDRESS **688 LAKE BETTY DRIVE**  
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **D** ☐ Delete  
NAME **MARTIN, MARY ANN**  
STREET ADDRESS **920 EAST DELMONT**  
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE **D** ☐ Delete  
NAME **MACLEAN, GREG**  
STREET ADDRESS **3235 HIGHWAY 441 S E**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **D** ☐ Delete  
NAME **BEDELL, ED**  
STREET ADDRESS **114 FLORIDA AVENUE**  
CITY-ST-ZIP **MOORE HAVEN FL 33971**

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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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gail Powers*

*7-21-03*

Date

Daytime Phone #

*813-854-0682*

CR2E037 (4/03)