

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06677

1. Entity Name

OKEECHOBEE COUNTY CHAMBER OF COMMERCE, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90159 011 ****70.00

Principal Place of Business

Mailing Address

55 S. PARROTT AVE.
 OKEECHOBEE FL 34972

55 S. PARROTT AVE.
 OKEECHOBEE FL 34972-2968

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0748841

Applied For

Not Applicable

Zip

Country

Zip

Country

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

O'CONNOR, BRENDA
 55 S. PARROTT AVE.
 OKEECHOBEE FL 34972

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME SCOTT, KATHY ☒ Delete
 STREET ADDRESS 1120 WN PARK STREET
 CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE President ☒ Change ☐ Addition
 NAME Sippert, Bobby
 STREET ADDRESS 415 SW Park St.
 CITY-ST-ZIP Okeechobee, FL 34974

TITLE VPD
 NAME LEHMAN, ED ☐ Delete
 STREET ADDRESS 265 HWY. 98 NORTH
 CITY-ST-ZIP OKEECHOBEE FL 34972

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

TITLE TD
 NAME WERNE, KAREN ☒ Delete
 STREET ADDRESS 305 EN PARK STREET
 CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE TD ☒ Change ☐ Addition
 NAME Hazellief, Renee
 STREET ADDRESS P.O. Box 245
 CITY-ST-ZIP Okeechobee, FL 34973

TITLE PD
 NAME SCOTT, KATHY ☒ Delete
 STREET ADDRESS 2945 SW 3RD TERR
 CITY-ST-ZIP OKEECHOBEE FL 34974

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

TITLE VPD
 NAME LEHMAN, EDWARD ☐ Delete
 STREET ADDRESS 265 HWY 98 NORTH
 CITY-ST-ZIP OKEECHOBEE FL 34972

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

TITLE TD
 NAME WERNE, KAREN ☒ Delete
 STREET ADDRESS 305 E. N. PARK ST
 CITY-ST-ZIP OKEECHOBEE FL 34972

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Bobby Sippert* SIGNATURE REQUIRED Bobby Sippert, President

4-28-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)