

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N06677**

1. Entity Name

OKEECHOBEE COUNTY CHAMBER OF COMMERCE, INC.

Principal Place of Business

**55 S. PARROTT AVE.
OKEECHOBEE FL 34972**

Mailing Address

**55 S. PARROTT AVE.
OKEECHOBEE FL 34972**

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

59-0748841

Applied For

Not Applicable

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	P	<input type="checkbox"/> Delete
NAME	SIPPERT, BOBBY	
STREET ADDRESS	415 SW PARK ST	
CITY-ST-ZIP	OKEECHOBEE FL 34972	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEHMAN, ED	
STREET ADDRESS	265 HWY. 98 NORTH	
CITY-ST-ZIP	OKEECHOBEE FL 34972	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HAZELLIEF, RENEE	
STREET ADDRESS	P O BOX 245	
CITY-ST-ZIP	OKEECHOBEE FL 34972	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane Kinchen	
STREET ADDRESS	413 SW 14th Court	
CITY-ST-ZIP	Okeechobee, Florida 34974	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEHMAN, EDWARD	
STREET ADDRESS	265 HWY 98 NORTH	
CITY-ST-ZIP	OKEECHOBEE FL 34972	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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: *Brenda O'Connor* **SIGNATURE REQUIRED** *Brenda O'Connor* 4-27-01 863-763-6464**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90123 032 ****70.00

00052569



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)