CR2E037 (9/01)∴

2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT.** # **N06677** 1. Entity Name OKEECHOBEE COUNTY CHAMBER OF COMMERCE, INC. FILED Mailing Address 02 JUN +7 PM 2: 34 Principal Place of Business 55 S. PARROTT AVE. 55 S. PARROTT AVE. OKEECHOBEE FL 34972 SECRETARY OF STATE OKEECHOBEE FL 34972 Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-0748841 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Zip Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) O'CONNOR, BRENDA 55 S. PARROTT AVE. **OKEECHOBEE FL 34972** Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check-Payable to 🚐 🗢 🛥 9. Election Campaign Financing - \$5.00 May Be FILE NOW:-FEE:IS \$61.25 -Department of State Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. Change ☐ Addition President PD. TITLE Delete TITLE NAME Ray Worley SIPPERT, BOBBY NAME STREET ADDRESS 4415 SE 22nd Ct. 415 SW PARK ST STREET ADDRESS CITY-ST-ZIP Okeechobee, Florida CITY-ST-ZIP OKEECHOBEE FL 34972 Change Addition Vice President YPD. TITLE Delete VPD TITLE NAME Richard Meyer Lehman, ED NAME STREET ADDRESS 205 EN Park Street STREET ADDRESS 265 HWY. 98 NORTH-CITY-ST-ZIP Okeechobee, Florida CITY-ST-ZIP **OKEECHOBEE FL 34972** TREASURER-DIX Change Addition James McInnes-TD. Delete TITLE KINCHEN, DIANE 401 NW 4th Street NAME STREET ADDRESS Okeechobee, Florida 34972 **413 SW 14TH COURT** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OKEECHOBEE FL 34974** Addition TITLE Delete 0059728 TITLE NAME -06/25/02--01053--001 LEHMAN, EDWARD NAME STREET ADDRESS 265 HWY 98 NORTH *****69.00 *****69,00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34972 ☐ Change ☐ Addition TITLE ☐ Delete TITLE MARAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete