

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90017 025 ****61.25

DOCUMENT # N16529

1. Entity Name

UNITED WAY OF OKEECHOBEE COUNTY, INC.

Principal Place of Business

Mailing Address

C/O JOHN D. CASSELS, JR.
 400 N.W. SECOND STREET
 OKEECHOBEE FL 34972-4106

C/O JOHN D. CASSELS, JR.
 400 N.W. SECOND STREET
 OKEECHOBEE FL 34972-4106

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2767181

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASSELS, JOHN D., JR.
 400 N.W. SECOND STREET
 OKEECHOBEE FL 33472

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 **DP** Delete
 NAME **IRBY, FRANK**
 STREET ADDRESS **1796 HWY 441 N**
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **D** Change Addition
 NAME **SAME**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **VENABLES, DAINAE**
 STREET ADDRESS **1796 HWY 441 N**
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BLAIR, CATHY**
 STREET ADDRESS **100 SW 5TH AVE**
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **WILSON, PATTI**
 STREET ADDRESS **P O BOX 218 N/A**
 CITY-ST-ZIP **OKEECHOBEE FL 34973**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **STEVE LAFFERTY**
 STREET ADDRESS **3551 Hwy 441 S**
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **LOU COBURN**
 STREET ADDRESS **3551 Hwy 441 S**
 CITY-ST-ZIP **OKEECHOBEE, FL 34974**

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: Frank Irby
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2000
 Date

863/763-2151 x160
 Daytime Phone #

CR2E037 (9/99)