

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16529

1. Entity Name

UNITED WAY OF OKEECHOBEE COUNTY, INC.

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

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



DO NOT WRITE IN THIS SPACE

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
Zip	Country

4. FEI Number	Applied For
59-2767181	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CASSELS, JOHN D., JR. 400 N.W. SECOND STREET OKEECHOBEE FL 33472

7. Name and Address of New Registered Agent
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 \_\_\_\_\_ (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
TITLE DP <input type="checkbox"/> Delete
NAME IRBY, FRANK
STREET ADDRESS 1796 HWY 441 N
CITY-ST-ZIP OKEECHOBEE FL
TITLE DS <input checked="" type="checkbox"/> Delete
NAME VENABLES, DAINAE
STREET ADDRESS 1796 HWY 441 N
CITY-ST-ZIP OKEECHOBEE FL
TITLE D <input type="checkbox"/> Delete
NAME BLAIR, CATHY
STREET ADDRESS 100 SW 5TH AVE
CITY-ST-ZIP OKEECHOBEE FL
TITLE DT <input type="checkbox"/> Delete
NAME WILSON, PATTI
STREET ADDRESS P O BOX 218 N/A
CITY-ST-ZIP OKEECHOBEE FL 34973
TITLE P <input type="checkbox"/> Delete
NAME STEVE LAFFERTY
STREET ADDRESS 3551 HWY 441 S
CITY-ST-ZIP OKEECHOBEE FL 34974
TITLE S <input type="checkbox"/> Delete
NAME LOU COBURN
STREET ADDRESS 3551 HWY 441 S
CITY-ST-ZIP OKEECHOBEE FL 34974

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAME
STREET ADDRESS
CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Frank Irby 1/25/2000 863/763-2151 X160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)