

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90011 039 ****61.25

DOCUMENT # N19879

1. Entity Name

OKEECHOBEE AUXILIARY 4137, FRATERNAL ORDER OF EA

Principal Place of Business

9985 N HWY 441
OKEECHOBEE FL 34972 - 0870

Mailing Address

9985 N HWY 441
OKEECHOBEE FL 34972 - 0870

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2659205

☒ 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

THARPE, GENEVIEVE
2289 NW 32ND DRIVE
OKEECHOBEE FL 34972-8818

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

Genevieve Tharpe - **GENEVIEVE THARPE**

1-12-01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FELT, LOU
16880 NW 38TH AVE
OKEECHOBEE FL 34972 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MITZI MILTON
3654 NW 163 RD COURT
OKEECHOBEE, FL 34972 8474 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
DANIELS, ANITA M
3731 SE 32ND LN
OKEECHOBEE FL 34974 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
OCTAVIA CROSS
445 NW 102 ST.
OKEECHOBEE, FL 34972-7598 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
THARPE, GENEVIEVE
2289 NW 32ND DRIVE
OKEECHOBEE FL 34972-8818 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LLOYD, CAROLYN S
51 LAKE DR BHR
OKEECHOBEE FL 34974 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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)(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:

Genevieve Tharpe **GENEVIEVE THARPE** **1-12-01** **863 467-2095**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)