

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30758

1. Entity Name

OKEECHOBEE COUNTY SHERIFF'S SEARCH AND RESCUE AU ✓

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90155 034 ****61.25

Principal Place of Business C/O VINCENT LAMARIANA 9999 NE 120TH STREET OKEECHOBEE FL 34972-5538	Mailing Address C/O VINCENT LAMARIANA 9999 NE 120TH STREET OKEECHOBEE FL 34972-5538
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DO NOT WRITE IN THIS SPACE

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	NOT APPLICABLE	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LAMARIANA, VINCENT
 9999 NE 120TH STREET
 OKEECHOBEE FL 34972-5538

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
After September 13, 2000 min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	O'CONNOR, MICHAEL G.	
STREET ADDRESS	1416 HIGHWAY 70 EAST	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMARIANA, VINCENT	
STREET ADDRESS	9999 N.E. 120TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	NELSON, STEVEN D.	
STREET ADDRESS	1407 S.E. 8TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: STEVEN D. NELSON 7/19/2000 863-763-5100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)