

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90030 009 ****61.25

DOCUMENT # N30758

1. Entity Name

OKEECHOBEE COUNTY SHERIFF'S SEARCH AND RESCUE AU

Principal Place of Business

Mailing Address

C/O VINCENT LAMARIANA
 9999 NE 120TH STREET
 OKEECHOBEE FL 34972-5538

C/O VINCENT LAMARIANA
 9999 NE 120TH STREET
 OKEECHOBEE FL 34972-5538

908993



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name **STEVEN D. NELSON**

Street Address (P.O. Box Number is Not Acceptable)

203 S.W. PARK STREET

City **Okeechobee**

FL

Zip Code **34972**

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

Steven D. Nelson SEC. ITRES.

(NOTE: Registered Agent signature required when reinstating)

January 16, 2001

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 16, 2001 863 763-5100
 Date Daytime Phone #

CR2E037 (10/00)