

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90185 043 ****61.25

DOCUMENT # N30758

1. Entity Name

**OKEECHOBEE COUNTY SHERIFF'S SEARCH AND RESCUE AU
 XILLARY, INC.**

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

2. Principal Place of Business

40 Steven D. Nelson

3. Mailing Address

40 Steven D. Nelson

Suite, Apt. #, etc.

203 S.W. PARK ST

Suite, Apt. #, etc.

203 S.W. PARK STREET

City & State

Okeechobee, FL

City & State

Okeechobee FL

Zip

34972

Country

USA

Zip

34972

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NELSON, STEVEN D.
 203 SW PARK STREET
 OKEECHOBEE FL 34972**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 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** ☐ Delete
 NAME **O'CONNOR, MICHAEL G.**
 STREET ADDRESS **1416 HIGHWAY 70 EAST**
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **D** ☐ Delete
 NAME **LAMARIANA, VINCENT**
 STREET ADDRESS **9999 N.E. 120TH STREET**
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **DT** ☐ Delete
 NAME **NELSON, STEVEN D.**
 STREET ADDRESS **1407 S.E. 8TH AVE.**
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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: *Steven D. Nelson* **STEVEN D NELSON** *July 6, 2002* **863 763 5100**

CR2E037 (4/02)