2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # N32016 Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** LAKE OKEECHOBEE AIRBOAT ASSOCIATION, INC. 03-30-2000 90030 033 ****61.25 Principal Place of Business Mailing Address P.O. BOX 30 P.O. BOX 30 OKEECHOBEE FL 34973-0030 OKEECHOBEE FL 34973-0030 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GATES, TINA 106 20TH ST, RTE 4 OKEECHOBEE FL 34974 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. **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition Delete TITLE TITLE Scott Gates NAME PETE DANIELS NAME 104 20th St Rt 4 STREET ADDRESS STREET ADDRESS 75 LAKE DR BHR okeechobee.FLA 34972 CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34974 Addition TITLE ☐ Change TITLE Delete Kurt Ramsey #1 Access Rd WAYNE RICHBOURG NAME NAME STREET ADDRESS STREET ADDRESS 9982 NE 120TH ST okeechobee.FLa 34972 CITY-ST-7(P CITY-ST-ZIP OKEECHOBEE F 34972 Addition ☐ Change TITLE ☐ Delete TITLE HOLLY Ramsey #1 Access Ra NAME gates, tina NAME STREET ADDRESS STREET ADDRESS 106 20TH ST RTE 4 CITY-ST-ZIP Dkecchobee,Fla 34972 CITY-ST-ZIP OKEECHOBEE FL 34974 Delete Addition TITLE TITLE Change Danny Harden, boba NE 122nd Dr GATES, TINA NAME NAME STREET ADDRESS 106 20TH ST RTE 4 STREET ADDRESS DKeechobee.FLA 34972 CITY-ST-ZIP CITY-ST-ZIP **OKEECHOBEE FL 34974** Delete Addition TITLE ☐ Change phillip mathews 12800 Hwy 70 west BUDDY HANCOCK NAME NAME STREET ADDRESS **639 SE 14TH AVE** STREET ADDRESS <u>okeecho</u>bee,Fla 34972 CITY-ST-ZIP CITY-ST-ZIP **OKEECHOBEE FL 34974** Addition TITLE ☐ Delete TITLE ☐ Change NAME HAWK CHUCK NAME Pete Daniels STREET ADDRESS 6631 SE 8TH ST STREET ADDRESS 75 Lake Dr CITY-ST-ZIP CITY-ST-ZIP **OKEECHOBEE FL 34974** 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.

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