

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32016

1. Entity Name

LAKE OKEECHOBEE AIRBOAT ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 30
OKEECHOBEE FL 34973-0030

Mailing Address

P.O. BOX 30
OKEECHOBEE FL 34973-0030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N/C

City & State

N/C

Zip

N/C

Country

U.S.A.

Zip

N/C

Country

U.S.A.

6. Name and Address of Current Registered Agent

RAMSEY, HOLLY
1 ACCESS ROAD BHR
OKEECHOBEE FL 34972

7. Name and Address of New Registered Agent

Name
WILLIAM REINERT

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

1155 S.E. GLENWOOD DR. #1

City
STUART, FL.

FL Zip Code
34994

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

[Signature]

WILLIAM REINERT

01.11.01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GATES, SCOTT 106 20 STREET ROUTE 4 OKEECHOBEE FL 34972	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAYNE RICHBOURG 9982 NE 120TH ST OKEECHOBEE F 34972	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GATES, TINA 106 20TH ST RTE 4 OKEECHOBEE FL 34974	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMSEY, HOLLY 1 ACCESS ROAD BHR OKEECHOBEE FL 34972	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDEN, DANNY 5062 NE 122 DRIVE OKEECHOBEE FL 34972	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWK CHUCK 6631 SE 8TH ST OKEECHOBEE FL 34974	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GATES, SCOTT 106 20 STREET ROUTE 4 OKEECHOBEE, FL. 34972	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANIELS, PETE 108 LAKE DR.-WEST BHR OKEECHOBEE, FL. 34974	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREECE, KAREN 7191 S.W. 13th OKEECHOBEE, FL. 34974	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINERT, WILLIAM 1155 S.E. GLENWOOD DR. #1 STUART, FL. 34994	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINERT, HOLLY 1155 S.E. GLENWOOD DR. #1 STUART, FL. 34994	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HANCOCK, BUDDY 639 S.E. 14th AV. OKEECHOBEE, FL. 34974	☒ 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:

[Signature] WILLIAM REINERT

01.11.01

(561) 223-6412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90495 016 ****61.25

00033335



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)