2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
02-27-2002 90054 006 ****61.25

DOCUMENT # N32016

1. Entity Name

LAKE OKEECHOBEE AIRBOAT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 30 OKEECHOBEE FL 34973-0030	P.O. BOX 30 OKEECHOBEE FL 34973-0030

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 ☐ Not Applicable

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
REINERT, WILLIAM 1155 SE GLENWOOD DR #1 STUART FL 34994	Name: Scott Gates Street Address (P.O. Box Number Is Not Acceptable): 106 20-ST BHR City: Okeechobee FL Zip Code: 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.

SIGNATURE Scott Gates President
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	☐ Change ☐ Addition SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DANIELS, PETE 168 LAKE DR WEST BHR OKEECHOBEE FL 34974	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TREECE, KAREN 7191 SW 13 ST OKEECHOBEE FL 34974	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Treasury Jim JOHNSON 251 NE 80th Ave Okeechobee, FL 34974
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S REINERT, WILLIAM 1155 SE GLENWOOD DR #1 STUART FL 34994	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Secretary TINA GATES 106 20th ST BHR OKEECHOBEE FL 34974
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REINERT, HOLLY 1155 SE GLENWOOD DR #1 STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Delicate JACK GEISZ 862 SW MonicaST PT St Lucie FL 34953
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANCOCK, BUDDY 6395 SE 14TH AVE OKEECHOBEE FL 34974	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Delicate Rhonda Moore 8028 Lk. Hatchineha Rd Haines City, FL 33844

CR2E037 (9/01)

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: Scott Gates SIGNATURE REQUIRED — 02-11-02 — 561 719-9496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #