

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

04-30-2003 90044 043 ****61.25

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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

55052574

2. Principal Place of Business

3. Mailing Address



☒ CHECK HERE IF MAKING CHANGES

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

GATES, SCOTT
106 20TH STREET BHR
OKEECHOBEE FL 34974

Name

John (Buddy) Hancock

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

639 S.E. 14th Ave.

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

SIGNATURE

John Hancock

7/23/03

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

(NOTE: Registered Agent signature required when reappointing)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **GATES, SCOTT**
STREET ADDRESS **106 20 STREET ROUTE 4**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE **President** ☒ Change ☐ Addition
NAME **Buddy Hancock**
STREET ADDRESS **639 S.E. 14th Ave.**
CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE **VP** ☐ Delete
NAME **DANIELS, PETE**
STREET ADDRESS **168 LAKE DR WEST BHR**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **Vice Pres.** ☒ Change ☐ Addition
NAME **Danny Harden**
STREET ADDRESS **916 W.N. Park Street**
CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE **T** ☐ Delete
NAME **JOHNSON, JIM**
STREET ADDRESS **251 NE 80TH AVE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **Treasure** ☐ Change ☐ Addition
NAME **Jim Johnson**
STREET ADDRESS **251 N.E. 80th Ave.**
CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE **S** ☐ Delete
NAME **GATES, TINA**
STREET ADDRESS **106 20TH STREET BHR**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **SecretARY** ☒ Change ☐ Addition
NAME **Melissa Harden**
STREET ADDRESS **916 W.N. Park Street**
CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE **D** ☐ Delete
NAME **GEISZ, JACK**
STREET ADDRESS **862 SW MONICA STREET**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE **Director** ☒ Change ☐ Addition
NAME **Scott Gates**
STREET ADDRESS **106 20 Street Route 4**
CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE **D** ☐ Delete
NAME **MOORE, RHONDA**
STREET ADDRESS **8028 LAKE HATCHINETA ROAD**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **Director** ☒ Change ☐ Addition
NAME **Pete Daniels**
STREET ADDRESS **168 Lake Dr. west BHR**
CITY-ST-ZIP **Okeechobee, FL 34974**

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:

John Hancock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)