

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32164

1. Entity Name

OKEECHOBEE EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

700 SW 2ND AVE
OKEECHOBEE FL 34974
US

Mailing Address

700 SW 2ND AVE
OKEECHOBEE FL 34974
US

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 65-0219235

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

MULLINS, DANNY L.
700 SW 2ND AVE
OKEECHOBEE FL 34974

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.

SIGNATURE

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 PD ☐ Delete
NAME MULLINS, DANNY L.
STREET ADDRESS 2319 S.W. 21ST ST.
CITY-ST-ZIP OKEECHOBEE FL

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

TITLE VD ☐ Delete
NAME ENRICO, DONNA G.
STREET ADDRESS 8001 S.E. 28TH AVENUE
CITY-ST-ZIP OKEECHOBEE FL

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

TITLE SD ☒ Delete
NAME DIXON, LEE
STREET ADDRESS 2191 S.W. 19TH LANE
CITY-ST-ZIP OKEECHOBEE FL

TITLE SD ☐ Change ☒ Addition
NAME Kenworthy, Ken
STREET ADDRESS 1090 N.E. 101st Avenue
CITY-ST-ZIP Okeechobee, FL 34972

TITLE TD ☐ Delete
NAME DAVIS, CYNTHIA
STREET ADDRESS 508 NE 4TH AVE
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE TD ☒ Change ☐ Addition
NAME Davis, Cynthia
STREET ADDRESS 3070 N.W. 2nd Street
CITY-ST-ZIP Okeechobee, FL 34972

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: Cynthia K. Davis, TD

3-12-01 863-462-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0083594

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90012 009 ****70.00

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DO NOT WRITE IN THIS SPACE