

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90056 043 \*\*\*\*70.00

DOCUMENT # N34099

i. Entity Name

FLYING "G" HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

13340 HWY. 441 S.E.  
 OKEECHOBEE, FL. 34974

Mailing Address

P.O. BOX 932  
 OKEECHOBEE, FL. 34974

Principal Place of Business

3. Mailing Address

P.O. BOX 932

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 OKEECHOBEE, FL.

4. FEI Number

65-0182392

Applied For

Not Applicable

Zip

Country

Zip

Country

34974

OKEECHOBEE

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

SUSAN FORRESTER

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

13340 HWY. 441 S.E.

City

OKEECHOBEE

FL

Zip Code  
 34974

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

*Susan Forrester* SUSAN Forrester

04/11/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERT CUMPTON		
STREET ADDRESS	413 N.E. 3RD. STREET		
CITY-ST-ZIP	BELLE GLADE, FL. 33430		
TITLE	MARTY ZIRGER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	V. PRESIDENT		
STREET ADDRESS	13000 HWY. 441 S.E.		
CITY-ST-ZIP	OKEECHOBEE, FL. 34974		
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUSAN FORRESTER		
STREET ADDRESS	13340 HWY. 441 S.E.		
CITY-ST-ZIP	OKEECHOBEE, FL. 34974		
TITLE	DIRECTOR	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAMES FORRESTER		
STREET ADDRESS	13340 HWY. 441 S.E.		
CITY-ST-ZIP	OKEECHOBEE, FL. 34974		
TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHESTER MULLIS		
STREET ADDRESS	13320 HWY. 441 S.E.		
CITY-ST-ZIP	OKEECHOBEE, FL. 34974		
TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOEY ALDERMAN		
STREET ADDRESS	2214 BACOM POINT ROAD		
CITY-ST-ZIP	PAHOKEE, FL. 33476		

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: *Susan Forrester*

SUSAN FORRESTER

04/11/00

863-357-1253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)