

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

0083540

**DOCUMENT # N34099**

1. Entity Name

**FLYING "G" HOMEOWNERS ASSOCIATION, INC.**

03-21-2001 90018 008 \*\*\*\*\*70.00

Principal Place of Business

13320 HWY 441, SE  
 OKEECHOBEE FL 34974  
 US

Mailing Address

P.O. BOX 932  
 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

**65-0182392**

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

**FORRESTER, SUSAN**  
**13340 HIGHWAY 441 S.E.**  
**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

*Susan Forrester* Susan Forrester

3/9/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
 NAME **CUMPTON, ROBERT**  
 STREET ADDRESS **413 NE 3RD STREET**  
 CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Robert Cumpton**  
 STREET ADDRESS **413 N.E 3RD St.**  
 CITY-ST-ZIP **Belle Glade, FL. 33430**

TITLE **VP** ☒ Delete  
 NAME **ZIRGER, MARTY**  
 STREET ADDRESS **13000 HIGHWAY 441 S.E.**  
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **P** ☒ Change ☒ Addition  
 NAME **Gail Powers**  
 STREET ADDRESS **13500 Hwy 441 S.E.**  
 CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE **ST** ☐ Delete  
 NAME **FORRESTER, SUSAN**  
 STREET ADDRESS **13340 HIGHWAY 441 S.E.**  
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

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

TITLE **D** ☐ Delete  
 NAME **FORRESTER, JAMES**  
 STREET ADDRESS **13400 HWY 441, SE**  
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **V.P.** ☒ Change ☐ Addition  
 NAME **Forrester James**  
 STREET ADDRESS **13340 Hwy 441 S.E.**  
 CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE **D** ☒ Delete  
 NAME **MULLIS, CHESTER**  
 STREET ADDRESS **13320 HIGHWAY 441 S.E.**  
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Marshall Zeeman**  
 STREET ADDRESS **13460 Hwy 441 S.E.**  
 CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE **D** ☐ Delete  
 NAME **ALDERMAN, JOEY**  
 STREET ADDRESS **2214 BACOM POINT ROAD**  
 CITY-ST-ZIP **PAHOKEE FL 33476**

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:

*Susan Forrester* Susan Forrester 3/9/01 561-996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4720

CR2E037 (10/00)