

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90020 040 ****61.25

DOCUMENT # N36340

1. Entity Name

ECONOMIC COUNCIL OF OKEECHOBEE COUNTY, INC.

Principal Place of Business

Mailing Address

300 NW 5TH ST., SUITE 318
 P.O. BOX 718
 OKEECHOBEE FL 34973

300 NW 5TH ST., SUITE 318
 P.O. BOX 718
 OKEECHOBEE FL 34973-0718

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

65-0174688

Applied For

Not Applicable

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

JONES, RANDALL A
2178 RESERVE PARK TRACE
PORT ST LUCIE FL 34986

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 **D** Delete
 NAME **ARRANTS, CHARLES B**
 STREET ADDRESS **4232 SW 16TH STREET**
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **D** Change Addition
 NAME **WILLIAMSON, SONNY**
 STREET ADDRESS **1200 N.E. 12th DRIVE**
 CITY-ST-ZIP **OKEECHOBEE, FL. 34973**

TITLE **TD** Delete
 NAME **ABNEY, WES**
 STREET ADDRESS **113 NW 11TH AVE**
 CITY-ST-ZIP **OKEECHOBEE FL 34973**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** Delete
 NAME **WALPOLE, KEITH**
 STREET ADDRESS **269 NW 9TH ST**
 CITY-ST-ZIP **OKEECHOBEE FL 34973**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CLEMONS, SUSAN**
 STREET ADDRESS **P O BOX 1288 4853 NW 30TH ST**
 CITY-ST-ZIP **OKEECHOBEE FL 34973-1288**

TITLE **D** Change Addition
 NAME **MULLINS, JOE**
 STREET ADDRESS **1409 SOUTH PARROTT AVE.**
 CITY-ST-ZIP **OKEECHOBEE, FL. 34973**

TITLE **D** Delete
 NAME **COWEN, JIM**
 STREET ADDRESS **2308 S PARROTT AVE**
 CITY-ST-ZIP **OKEECHOBEE FL 34973**

TITLE **CD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **BURDESHAW, JOHN E**
 STREET ADDRESS **505 NE 4TH ST**
 CITY-ST-ZIP **OKEECHOBEE FL 34972**

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: *Jim Cowen* **REQUIRE** **Jim Cowen**

4/10/2000

863-467-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)