

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2001 90059 007 ****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

2. Principal Place of Business

3. Mailing Address

575 SW 28th Street

P.O. Box 718

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee FL

City & State

Okeechobee FL

Zip

34974

Country

USA

Zip

34972

Country

Okeechobee USA

4. FEI Number

65-0174688

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

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

Name

RICHARD E. CHARTIER

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

2201 SW 28th St.

VILLA 41

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

**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	<input type="checkbox"/> Delete
NAME	WILLIAMSON, SONNY	
STREET ADDRESS	1200 NE 12TH DR	
CITY-ST-ZIP	OKEECHOBEE FL 34973	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ABNEY, WES	
STREET ADDRESS	113 NW 11TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34973	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALPOLE, KEITH	
STREET ADDRESS	269 NW 9TH ST	
CITY-ST-ZIP	OKEECHOBEE FL 34973	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLINS, JOE	
STREET ADDRESS	1409 S PARROTT AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34973	
TITLE	CD	<input type="checkbox"/> Delete
NAME	COWEN, JIM	
STREET ADDRESS	2308 S PARROTT AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34973	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BURDESHAW, JOHN E	
STREET ADDRESS	505 NE 4TH ST	
CITY-ST-ZIP	OKEECHOBEE FL 34972	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

4/30/01

23-467-0200

CR2E037 (10/00)