

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/21

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90101 034 \*\*\*\*61.25

**DOCUMENT # N36340**

1. Entity Name

**ECONOMIC COUNCIL OF OKEECHOBEE COUNTY, INC.**

Principal Place of Business

Mailing Address

**575 S W 28TH STREET  
 OKEECHOBEE FL 34974**

**P O BOX 718  
 OKEECHOBEE FL 34972**

2. Principal Place of Business

**AS ABOVE**

3. Mailing Address

**AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0174688**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHARTIER, RICHARD E  
 2201 S W 28TH ST  
 VILLA 41  
 OKEECHOBEE FL 34974**

7. Name and Address of New Registered Agent

Name **Joseph Varnadore**  
 Street Address (P.O. Box Number is Not Acceptable)

**311 W.S. Park St.**

City **Okeechobee**

FL

Zip Code **34972**

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

*Joseph Varnadore* *Joseph Varnadore* **4/18/02**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman Director</b> <b>Mark Worley Jr</b> <b>110 N.W. 5th St</b> <b>Okeechobee FL 34972</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Rick Chartier</b> <b>611 W.S. Park St.</b> <b>Okeechobee, FL 34972</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/02** **263-467-0200**

Date

Daytime Phone #

CR2E037 (9/01)