

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90057 038 ****61.25

DOCUMENT # N50208

1. Entity Name

OKEE-TANTIE TEAM TRAILS, INC.

Principal Place of Business

Mailing Address

4259 S HWY 441
 OKEECHOBEE FL 34972
 US

4259 S HWY 441
 OKEECHOBEE FL 34972-8640
 US

2. Principal Place of Business

2085 S.W. 19th LANE

3. Mailing Address

2085 S.W. 19th LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OKEECHOBEE, FL

City & State

OKEECHOBEE, FL.

Zip

34974

Country

OKEECHOBEE

Zip

34974

Country

OKEECHOBEE

4. FEI Number

65-0352708

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

COOK, JOHN R.
202 NW 5 AVE
OKEECHOBEE FL 34972

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

Harvey R Ford Pres.

2-10-2000

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 ☐ Delete
 NAME **CDPD**
 STREET ADDRESS **FORD, HARVEY**
 CITY-ST-ZIP **3225 SE HWY 441**
OKEECHOBEE FL

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

TITLE ☐ Delete
 NAME **VPDD**
 STREET ADDRESS **FORD, VIRGINIA**
 CITY-ST-ZIP **2085 SW 19TH LANE**
OKEECHOBEE FL

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

TITLE ☐ Delete
 NAME **TDD**
 STREET ADDRESS **HELTON, MARGARET**
 CITY-ST-ZIP **3225 SE HWY 441**
OKEECHOBEE FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

Harvey R Ford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-2000 863-763-9265

CR2E037 (9/99)