DOCUMENT # N5020 1. Entity Name OKEE-TANTIE TEAM TRAILS, INC.	Sep 10, 2001 8:00 am Secretary of State 01-29-2001 90185 044 ****61.25 09-10-2001 90004 049 ****61.25						
Principal Place of Business 2085 SW 19TH LANE OKEECHOBEE FL 34974 US	Mailing Address 2085 SW 191H LANE OKEECHOBEE FL 34974			AUUUTAUA			
2. Principal Place of Business 2/02 3E 29\$ 57 Suite, Apt. #, etc.	2102 JE 2						
City & State CHOBEE, FL.	City & State OKEECHOBE	OKEECHOBEE, FL.		4. FEI Number 65-0352708 Applied Not App			
Zip 74 Country 34974 494 6. Name and Address of Curr	34974	Country 45A	5. Certificate of Statu	s Desired	\$8.75 Add Fee Require		
COOK, JOHN R. 202 NW 5 AVE OKEECHOBEE FL 34972 8. The above named entity submits this statement for the purpose of changing its		City	FL `				
SIGNATURE Signature, typed or printed name at registered a	gent and title if applicable. (No	OTE: Registered Agent signature require	d when reinstaling)	9- <u>3</u>	3-01		
		ampalgn Financing d Contribution.					
TITLE COPP FORD, HARVEY STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL	DIFFECTORS Delete	TITLE NAME	Additions/Changes PD RD, HARVEY SE 8:935 EECHO BEE, FL	τ	RECTORS IN Change	10 Addition	
TITLE VPDD NAME - STREET ADDRESS CITY-ST-ZIP VPDD FORD, VIRGINIA 2085 SW 19TH LANE OKEECHOBEE FL	☐ Delete	TITLE VP I FOR I STREET ANDRESS 216		37.	Change	☐ Addition	
TITLE TDD NAME HELTON, MARGARET STREET ADDRESS 3225 SE HWY 441 OKEECHOBEE FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		د چې د دوست د د چې د د د	☐ Change _	_ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADORESS			☐ Change	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 supplymental 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

9-3-01 -

863-763-9265

☐ Change

☐ Addition