

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90030 047 *****70.00

DOCUMENT # N50208

1. Entity Name

OKEE-TANTIE TEAM TRAILS, INC.

Principal Place of Business

2102 SE 29TH ST
OKEECHOBEE FL 34974
US

Mailing Address

2102 SE 29TH ST
OKEECHOBEE FL 34974
US

2. Principal Place of Business

3225 S.E. Hwy. 441

3. Mailing Address

3225 S.E. Hwy. 441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee, FL 34974

City & State

Okeechobee, FL 34974

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

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

7. Name and Address of New Registered Agent

Name

Tom W. Conely, III

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

401 N.W. 6th Street

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

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

TITLE **CDPD** ☒ Delete
NAME **FORD, HARVEY**
STREET ADDRESS **2102 SE 29TH ST**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **VPDD** ☒ Delete
NAME **FORD, VIRGINIA**
STREET ADDRESS **2102 SE 29TH ST**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CDPD** ☒ Change ☐ Addition
NAME **CROSSMAN, LARRY G.**
STREET ADDRESS **3225 S.E. Hwy. 441**
CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE **VPDD** ☒ Change ☐ Addition
NAME **CROSSMAN, SUSAN R.**
STREET ADDRESS **3225 S.E. Hwy. 441**
CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE **TDD** ☒ Change ☐ Addition
NAME **Kuntz, Laura B.**
STREET ADDRESS **3225 S.E. Hwy. 441**
CITY-ST-ZIP **Okeechobee, FL 34974**

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

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry G. Crossman, President

02/19/02

863-763-1020

Date

Daytime Phone #

CR2E037 (9/01)