

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90095 020 \*\*\*\*61.25

**DOCUMENT # N50795**

1. Entity Name

**OKEECHOBEE LIONS CLUB, INC.**



Principal Place of Business

P O BOX 89  
OKEECHOBEE FL 34973  
US

Mailing Address

P O BOX 89  
OKEECHOBEE FL 34973  
US

66004601



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0366516**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GILES, MARY**  
**274 SE 15TH AVENUE**  
**OKEECHOBEE FL 34974**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	HIOTT, PAUL J	
STREET ADDRESS	1816 S 33RD STREET	
CITY-ST-ZIP	FORT PIERCE FL 34947	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUMNER, ELDER	
STREET ADDRESS	P.O. BOX 566	
CITY-ST-ZIP	OKEECHOBEE FL 34973	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINSAULY, JOHNNIE M	
STREET ADDRESS	P.O. BOX 1033	
CITY-ST-ZIP	OKEECHOBEE FL 34973	
TITLE	XD	<input type="checkbox"/> Delete
NAME	BASS, LAVON	
STREET ADDRESS	2001 SW 5TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTSON, DONNIE	
STREET ADDRESS	5270 NW 30TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34972-8862	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILES, GARY	
STREET ADDRESS	274 SE 15TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIOTT, PAUL J.	
STREET ADDRESS	1816 S. 33RD STREET	
CITY-ST-ZIP	FORT PIERCE, FL 34947	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDY WHIPPLE	
STREET ADDRESS	560 NW 23RD LANE	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK WAYNE CLARK	
STREET ADDRESS	1574 SW 18th TERRACE	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY MILES	
STREET ADDRESS	274 SE 15th AVE.	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRY HORRICK	
STREET ADDRESS	2201 SW 28th St.	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIAN STINNETT	
STREET ADDRESS	810 SE 13th Street	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	

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**

2-4-03

772-460-0541

CR2E037 (10/02)