

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002589

1. Entity Name

LAR-KEE LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

6051 SE 96 TRAIL  
OKEECHOBEE FL 34974  
US

Mailing Address

6051 SE 96 TRAIL  
OKEECHOBEE FL 34974  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

RAP, LAWRENCE  
6051 SE 96 TRAIL  
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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME RAPE, LAWRENCE  
STREET ADDRESS 6051 S E 96 TRAIL  
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

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

TITLE VD  
NAME DEMPSTER, KIPER  
STREET ADDRESS 598A S E 95 TRAIL  
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

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

TITLE TD  
NAME BAILEY, JIM  
STREET ADDRESS 6123 S E 96 TRAIL  
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

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

TITLE SD  
NAME WIDFIELD, DELORES  
STREET ADDRESS 5982 SE 95 TRAIL  
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

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

TITLE D  
NAME JONES, LAVERNE  
STREET ADDRESS 9401 S E 57 DRIVE  
CITY-ST-ZIP OKEECHOBEE FL 34974 ☒ Delete

TITLE D  
NAME BENEDICT, CAROL  
STREET ADDRESS 6024 S E 96 TRAIL  
CITY-ST-ZIP OKEECHOBEE, FL 34974 ☐ Change ☒ Addition

TITLE D  
NAME WADE, MARTHA  
STREET ADDRESS 9135 SE 59 DR.  
CITY-ST-ZIP OKEECHOBEE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 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: P.D. LAWRENCE RAP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)