

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002202

1. Entity Name

GUN OWNERS OF OKEECHOBEE, INC.

FILED

Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90104 018 ****61.25

Principal Place of Business

Mailing Address

209 N.W. 11TH AVE.
OKEECHOBEE FL 34972

P.O. BOX 1501
OKEECHOBEE FL 34973
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

65-0508353

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

HILL, EDWIN J
209 N.W. 11TH 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

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 ☐ Delete
NAME DONALD, GAMBLE
STREET ADDRESS 875 NE 78TH WY
CITY-ST-ZIP OKEECHOBEE FL 34974-8280

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

TITLE VD ☒ Delete
NAME FORBES, LARRY
STREET ADDRESS 12920 SE 48ST
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☐ Change ☒ Addition
NAME VD HILL EDWIN J.
STREET ADDRESS 209 N.W. 11TH AVE
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE ☐ Delete
NAME FENNELL, DANIEL F SR
STREET ADDRESS 2270 SE 24TH BLVD
CITY-ST-ZIP OKEECHOBEE FL 34974

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

TITLE SD ☐ Delete
NAME HOLLIN, ARTHUR
STREET ADDRESS P O BOX 332 N/A
CITY-ST-ZIP OKEECHOBEE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: Daniel F. Fennell DANIEL F. FENNELL JR 4-8-02 863-467-9961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)