

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000174

1. Entity Name

OKEECHOBEE YATCHETTE CLUB, INC.

Principal Place of Business

Mailing Address

4277 SE 23RD COURT
OKEECHOBEE FL 34974

4277 SE 23RD COURT
OKEECHOBEE FL 34974

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

65-0805225

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

JONES, JERRY
4277 SE 23RD COURT
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 ☐ Delete
NAME JONES, JERRY
STREET ADDRESS 4277 SE 23RD COURT
CITY-ST-ZIP OKEECHOBEE FL 34974

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

TITLE VPD ☒ Delete
NAME ROCHFORD, LINDA
STREET ADDRESS 901 SE 8 DR
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☒ Change ☐ Addition
NAME VPD
STREET ADDRESS BRAKKE BOB
CITY-ST-ZIP 2031 SE 24 BLVD.
OKEECHOBEE, FL 34974

TITLE TD ☐ Delete
NAME PAPY, LINDE
STREET ADDRESS 5000 SE 44TH ST
CITY-ST-ZIP OKEECHOBEE FL 34974

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

TITLE SD ☒ Delete
NAME WAGNER, BEVERLY
STREET ADDRESS 2014 SE 30TH ST
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS PATSY L. GELATKA
CITY-ST-ZIP 1165 SE 21 STREET
OKEECHOBEE, FL 34974

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02

Date

863-357-0742

Daytime Phone #

CR2E037 (9/01)