

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003748

1. Entity Name

OKEECHOBEE CORRECTIONAL EMPLOYEE'S CLUB, INC.

R

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90014 023 ****61.25

Principal Place of Business

DEPT. OF CORRECTNS. OKEE. CORRECTNL INST.
POST OFFICE BOX 1984
OKEECHOBEE FL 34973

Mailing Address

DEPT. OF CORRECTNS. OKEE. CORRECTNL INST.
POST OFFICE BOX 1984
OKEECHOBEE FL 34973

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

APPLIED FOR

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

~~RIVERA, ANGELO~~ WILLIAM MONCRIEF, Pres.
HIGHWAY 441 NORTH
OKEECHOBEE FL 34973

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

After September 13, 2000 min. will be \$236.25

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	T	<input checked="" type="checkbox"/> Delete
NAME	FRANZA, J M	
STREET ADDRESS	POST OFFICE BOX 1984	
CITY-ST-ZIP	OKEECHOBEE FL 34973	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WHITE, DENISE	
STREET ADDRESS	PO BOX 1984	
CITY-ST-ZIP	OKEECHOBEE FL 34973	
TITLE	T	<input type="checkbox"/> Delete
NAME	STOKES, BARBARA D	
STREET ADDRESS	PO BOX 1984	
CITY-ST-ZIP	OKEECHOBEE FL 34973	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONCRIEF, WILLIAM	
STREET ADDRESS	Post Office Box 1984	
CITY-ST-ZIP	Okeechobee, Florida 34973	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CISNEROS, KENNETH	
STREET ADDRESS	Post Office Box 1984	
CITY-ST-ZIP	Okeechobee, Florida 34973	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, DONNA	
STREET ADDRESS	Post Office Box 1984	
CITY-ST-ZIP	Okeechobee, Florida 34973	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUBBERLY, LINDA	
STREET ADDRESS	Post Office Box 1984	
CITY-ST-ZIP	Okeechobee, Florida 34973	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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

Date

Daytime Phone #

CR2E037 (5/00)