

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

FILED
Apr 04, 2003 8:00 am
Secretary of State

02-21-2003 90222 047 ****61.25

DOCUMENT # N98000003748

1. Entity Name

OKEECHOBEE CORRECTIONAL EMPLOYEE'S CLUB, INC.



Principal Place of Business

DEPT. OF CORR. OKEE. CORRECTNL INST.
3420 NE 168TH STREET
OKEECHOBEE FL 34972

Mailing Address

DEPT. OF CORR. OKEE. CORRECTNL INST.
3420 NE 168TH STREET
OKEECHOBEE FL 34972

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 **59-0000654**

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

MONCRIEF, WILLIAM

DEPT. OF CORR. OKEE. CORRECTNL INST.
3420 NE 168TH STREET
OKEECHOBEE FL 34972

Name **Sheffield, Tim**

Street Address (P.O. Box Number is Not Acceptable)

Dept. of Corr. Okeechobee Inst.

3420 NE 168th Street

Okeechobee, FL

FL

34972

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

Tim Sheffield

2-4-03

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

| | | |
|----------------|-----------------------------|--|
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | MONCRIEF, WILLIAM | |
| STREET ADDRESS | 3420 NE 168TH STREET | |
| CITY-ST-ZIP | OKEECHOBEE FL 34972 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | CARTER, DONNA | |
| STREET ADDRESS | 3420 NE 168TH STREET | |
| CITY-ST-ZIP | OKEECHOBEE FL 34972 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | EODES, RICHARD | |
| STREET ADDRESS | 3420 NE 168TH STREET | |
| CITY-ST-ZIP | OKEECHOBEE FL 34972 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------|--|
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sheffield, Tim | |
| STREET ADDRESS | 3420 NE 168th Street | |
| CITY-ST-ZIP | Okeechobee, FL 34972 | |
| TITLE | Vice President (non) Sec | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Shannon, Robert | |
| STREET ADDRESS | 3420 NE 168th Street | |
| CITY-ST-ZIP | Okeechobee, FL 34972 | |
| TITLE | Vice President (Sec) | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Eades, Richard | |
| STREET ADDRESS | 3420 NE 168th Street | |
| CITY-ST-ZIP | Okeechobee, FL 34972 | |
| TITLE | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Underwood, Laurie | |
| STREET ADDRESS | 3420 NE 168th Street | |
| CITY-ST-ZIP | Okeechobee, FL 34972 | |
| TITLE | Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Tharr, Natilie | |
| STREET ADDRESS | 3420 NE 168th Street | |
| CITY-ST-ZIP | Okeechobee, FL 34972 | |
| 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)(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:

Laurie Underwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(863) 462-5454

CR2E037 (10/02)