

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2002 8:00 am**
Secretary of State

02-01-2002 90050 011 ****61.25

DOCUMENT # N98000004197

1. Entity Name

**OKEECHOBEE COUNTY VOITURE NO. 1619 LA SOCIETE DE
S 40 HOMMES ET 8 CHEVAUX, INC.**

Principal Place of Business

Mailing Address

**501 SE 2ND STREET
OKEECHOBEE FL 34974****501 SE 2ND STREET
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

65-0912044

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

**NIX, HERB
1501 SE 4 STREET
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 *Herb Nix*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 HART, CHARLES T
STREET ADDRESS P O BOX 595 N/A
CITY-ST-ZIP OKEECHOBEE FL 34973TITLE ☒ Change ☐ Addition
NAME ENGBLER, RICHARD G
STREET ADDRESS 3489 N.W. 32ND AVE
CITY-ST-ZIP OKEECHOBEE, FL 34972-1378TITLE VSD ☐ Delete
NAME NIX, HERB
STREET ADDRESS 1501 SE 4 ST
CITY-ST-ZIP OKEECHOBEE FL 34974TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME MILES, HOWARD
STREET ADDRESS 2762 NW 5 ST
CITY-ST-ZIP OKEECHOBEE FL 34974TITLE ☒ Change ☐ Addition
NAME HART, CHARLES T
STREET ADDRESS P.O. BOX 595
CITY-ST-ZIP OKEECHOBEE, FL 34973TITLE D ☐ Delete
NAME ESKRIDGE, HAROLD
STREET ADDRESS 3987 N.W. 39TH AVE.
CITY-ST-ZIP OKEECHOBEE FL 34972TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME ROONEY, JOHN R
STREET ADDRESS P O BOX 1374 N/A
CITY-ST-ZIP OKEECHOBEE FL 34973TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME RASHLEY, JOHN R
STREET ADDRESS 1980 NW 6 ST
CITY-ST-ZIP OKEECHOBEE FL 34972TITLE ☐ 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: *Herb Nix*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)