

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90102 039 *****70.00

DOCUMENT # N98000004197

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

60005514



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**NIX, HERB
1501 SE 4 STREET
OKEECHOBEE FL 34974**

7. Name and Address of New Registered Agent

Name **JOHN R RODNEY SR**

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

639 NW 36th St

City **OKEECHOBEE**

FL

Zip Code

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 **JOHN R RODNEY SR**

Signature, typed or printed name of registered agent and title if applicable.

JOHN R RODNEY SR

(NOTE: Registered Agent signature required when reinstating)

1/20/03

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 **PD** ☐ Delete
NAME **ENGWILLER, RICHARD G**
STREET ADDRESS **3489 NW 32ND AVENUE**
CITY-ST-ZIP **OKEECHOBEE FL 34972-1378**

TITLE **VSD** ☐ Delete
NAME **NIX, HERB**
STREET ADDRESS **1501 SE 4 ST**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **VD** ☐ Delete
NAME **HART, CHARLES T**
STREET ADDRESS **P O BOX 595**
CITY-ST-ZIP **OKEECHOBEE FL 34973**

TITLE **D** ☐ Delete
NAME **ESKRIDGE, HAROLD**
STREET ADDRESS **3987 N.W. 39TH AVE.**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE **D** ☐ Delete
NAME **ROONEY, JOHN R**
STREET ADDRESS **P O BOX 1374 N/A**
CITY-ST-ZIP **OKEECHOBEE FL 34973**

TITLE **D** ☐ Delete
NAME **RASHLEY, JOHN R**
STREET ADDRESS **1980 NW 6 ST**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **JOHN R RODNEY SR** ☐ Change ☒ Addition
NAME **JOHN R RODNEY SR**
STREET ADDRESS **639 NW 36th St**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

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

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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: **JOHN R RODNEY SR** **JOHN R RODNEY SR** **1/20/03**

CR2E037 (10/02)