

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004578

1. Entity Name

COMMUNITIES IN SCHOOLS OF OKEECHOBEE, INC.

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90007 036 ****61.25

Principal Place of Business

1690 NW 9TH AVE.
OKEECHOBEE FL 34972

Mailing Address

P.O. BOX 2412
OKEECHOBEE FL 34973-2412

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

65-0849567

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

STEPHEN, LAURIE R
1690 NW 9TH AVE.
OKEECHOBEE FL 34972

Name

Rogers, Jill M.

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

1690 NW 9th Ave.

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.

SIGNATURE

Jill M. Rogers

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	ARBAGOST, GINA	
STREET ADDRESS	1400 SW 3RD AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, DANA	
STREET ADDRESS	2286 SW 2ND CT.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUSBEE, NANCY	
STREET ADDRESS	17 LINDA GARDENS, BHR	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRK, ZELLA	
STREET ADDRESS	1900 SW 6TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLINE, THERESA	
STREET ADDRESS	1801 HWY 441 SE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	STARK, BRAK	
STREET ADDRESS	504 NW 4TH ST.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stas, Debbie	
STREET ADDRESS	PO Box 1177	
CITY-ST-ZIP	Okeechobee, FL. 34973	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Green, Richard	
STREET ADDRESS	PO Box 1548	
CITY-ST-ZIP	Okeechobee, FL. 34973	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Murphy, Tom	
STREET ADDRESS	406 NW-3rd St.	
CITY-ST-ZIP	Okeechobee, FL. 34972	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Locklear, Randy	
STREET ADDRESS	2101 South Parrot Ave.	
CITY-ST-ZIP	Okeechobee, FL. 34974	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chandler, Gwen	
STREET ADDRESS	307 NW 2nd St.	
CITY-ST-ZIP	Okeechobee, FL. 34972	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stark, Brad	
STREET ADDRESS	504 NW 4th St.	
CITY-ST-ZIP	Okeechobee, FL. 34972	

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:

Jill M. Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/00 863-462-5863

CR2E037 (9/99)