

2000 UNIFORM BUSINESS REPORT (UBR)

3/8

DOCUMENT # N99000000356

1. Entity Name

LUCKY SEVEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

LOT #26,3311 S.E. 33RD. TERR.
OKEECHOBEE FL 34974

Mailing Address

LOT #26,3311 S.E. 33RD. TERR.
OKEECHOBEE FL 34974-6881

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

JOHNSON, GEORGE E
LOT #26,3311 S.E. 33RD. TERR.
OKEECHOBEE FL 34974

4. FEI Number

65-0911968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President/Director ☐ Delete
George E. Johnson, PD
3311 S.E. 33rd Terr. Lot 26
Okeechobee, Fl. 34974
Vice/President/Director ☐ Delete
Robert Vierling, VP D
3311 S.E. 33rd Terr Lot 18
Okeechobee, Fl. 34974
Secty./Treas./Director ☐ Delete
Ralph Longacre, STD
3311 S.E. 33rd Terr. Lot 22
Okeechobee, Fl. 34974

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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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.

George E. Johnson, Pres

SIGNATURE: *George E. Johnson* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/00

Date

863-467-9577

Daytime Phone #

CR2E037 (9/99)