

2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED

Jun 29, 2000 8:00 am
Secretary of State

05-31-2000 90029 045 ****61.25

DOCUMENT # N99000003673

1. Entity Name

CHARACTER COUNTS IN OKEECHOBEE, INC.

R

Principal Place of Business

1600 HIGHWAY 70 EAST
OKEECHOBEE FL 34974

Mailing Address

P.O. BOX 2632
OKEECHOBEE FL 34973-2632

2. Principal Place of Business

1690 NW 9th Ave.

3. Mailing Address

P.O. Box 2412

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Okeechobee, FL

City & State
Okeechobee, FL

4. FEI Number
65-0849367

Applied For
(Not Applicable)

Zip
34972

Country

Zip
34973

Country

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

BRYANT, JERALD D.
605 WEST SOUTH PARK STREET, SUITE 214
OKEECHOBEE FL 34972

Name
ROGERS, Jill

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

1690 NW 9th Ave

City
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.

SIGNATURE

Jill M. Rogers

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

6/21/00

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
GILLEN, RICHARD
1700 HIGHWAY 70 EAST
OKEECHOBEE FL 34974 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VCD
GOPHER, LOUISE
RT. 6 BOX 597
OKEECHOBEE FL 34974 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
ENFINGER, JEANNE
2342 S.W. 22ND CIRCLE
OKEECHOBEE FL 34974 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
JONES, THOMAS
1690 N.W. 9TH AVENUE
OKEECHOBEE FL 34972 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Theresa Cline
1801 Hwy 441 S.E
Okeechobee, FL 34974 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Richard Green
411 SE 4th St.
Okeechobee, FL 34974 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Debbie Stas
1679 NW 9th St.
Okeechobee, FL 34974 ☐ Change ☒ Addition

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

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

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

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

5/1/00

Date

863-462-5863

Daytime Phone

CR00017 10/00/01