

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90360 020 ***150.00

DOCUMENT #	P00000060955
1. Entity Name	
Sabal Palms of Florida, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7230 N.W. 80th Court	7230 N.W. 80th Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
Okeechobee, FL	Okeechobee, FL	65-1019858	Not Applicable
Zip	Country	Zip	Country
34972	Okeechobee	34972	Okeechobee

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	Fulford, Nancy A.
Street Address	7230 N.W. 80th Court
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 Nancy A. Fulford **Nancy A. Fulford, President** 3/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	Fulford, Nancy A.	NAME	
STREET ADDRESS	7230 N.W. 80th Court	STREET ADDRESS	
CITY-ST-ZIP	Okeechobee, FL 34972	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	Fulford, Bobby J.	NAME	
STREET ADDRESS	7230 N.W. 80th Court	STREET ADDRESS	
CITY-ST-ZIP	Okeechobee, FL 34972	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy A. Fulford **Nancy A. Fulford, President** 3/15/02 863-467-5912
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034B (12/01)