

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91509 025 ***150.00

DOCUMENT # P01000000392

1. Entity Name

CAULSA LODGE OF LAKE PORT INC.

Principal Place of Business

**9861 HIGHWAY 78 WEST
 OKEECHOBEE FL 34973**

Mailing Address

**9861 HIGHWAY 78 WEST
 OKEECHOBEE FL 34973**

2. Principal Place of Business

**685 CR 721 Loop
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 1903
 Suite, Apt. #, etc.**

City & State

**MOORE HAVEN FL
 Zip 33471 Country GLADES**

City & State

**OKEECHOBEE FL
 Zip 34973 Country OKEECHOBEE**

4. FEI Number

N.A.

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROWLETT, JOE
 9861 HIGHWAY 78 WEST
 OKEECHOBEE FL 34973**

7. Name and Address of New Registered Agent

Name **JOHN W. MANNING**
 Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 1903
2017 HWY 441 SE
 City **OKEECHOBEE** **FL** Zip Code **34974**

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

JOHN W. MANNING

MAY 4, 2002

(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)

N.A. ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN W. MANNING P.O. Box 1903 OKEECHOBEE FL 34973	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN W. MANNING (1903 Box No.) 2017 HWY 441 SE OKEECHOBEE FL 34974	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 4, 2002 863-634-3217

Date

Daytime Phone #

CP2E034 (9/01)