

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90137 025 ***150.00

DOCUMENT # P01000036294

1. Entity Name
BIG LAKE LODGE, INC.



Principal Place of Business
**8680 HIGHWAY 441 S E
OKEECHOBEE FL 34974-1495**

Mailing Address
**8680 HIGHWAY 441 S E
OKEECHOBEE FL 34974-1495**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1096171**

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

**FAIRCLOUGH, MICHAEL J
11380 PROSPERITY FARMS ROAD
SUITE 112
PALM BEACH GARDENS FL 33410**

Name **Betty Arrington**
Street Address (P.O. Box Number is Not Acceptable)
8680 US 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *SVO Betty Arrington*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Walter Arrington PT
DATE **2-10-03**

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PT	<input type="checkbox"/> Delete
STREET ADDRESS	ARRINGTON, WALTER	
CITY-ST-ZIP	8680 US HWY 441 SE OKEECHOBEE FL 34974	
TITLE NAME	SVO	<input type="checkbox"/> Delete
STREET ADDRESS	ARRINGTON, BETTY	
CITY-ST-ZIP	8680 US HWY 441 SE OKEECHOBEE FL 34974	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-03

Date

863-763-
41438

Daytime Phone #

CR2E034 (10/02)