

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000004507**

1. Entity Name

OKEE SQUARE, INC.

Principal Place of Business

**C/O THE GOODMAN COMPANY
777 SOUTH FLAGLER DR. SUITE 1101E
WEST PALM BEACH FL 33401
US**

Mailing Address

**C/O THE GOODMAN COMPANY
777 SOUTH FLAGLER DR. SUITE 1101E
WEST PALM BEACH FL 33401
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0399257**

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

**SILVESTRI, LAWRENCE A
777 S. FLAGLER DRIVE
STE 1101E
WEST PALM BEACH FL 33401**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	GOODMAN, MURRAY H	
STREET ADDRESS	911 NORTH OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL	

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

TITLE	VS	<input type="checkbox"/> Delete
NAME	GEIST, MINNIE S.	
STREET ADDRESS	777 S. FLAGLER DR. #S1101	
CITY-ST-ZIP	WPB FL	

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

TITLE	V	<input type="checkbox"/> Delete
NAME	SILVESTRI, LAWRENCE A	
STREET ADDRESS	777 S FLAGLER DR, STE 1101E	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

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

TITLE	T	<input type="checkbox"/> Delete
NAME	SHEWALTER, WILLIAM A	
STREET ADDRESS	777 S FLAGLER DR STE 1101E	
CITY-ST-ZIP	WPB FL	

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

TITLE	AS	<input type="checkbox"/> Delete
NAME	JACOBS, HAROLD	
STREET ADDRESS	1650 ARCH ST 22ND FL	
CITY-ST-ZIP	PHILADELPHIA PA 19103-2097	

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

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

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

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: *William A Stewalter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A Stewalter, Treasurer

Date

4/9/01

Daytime Phone #

*(561) 833-3777***FILED**
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90168 043 ***158.75

C0046808

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)