

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90069 047 ***150.00

C0058554



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000035326

1. Entity Name

BIG LAKE MARINA, INC.

Principal Place of Business

Mailing Address

HIGHWAY 411 S.E.
 FL 34974

964 HIGHWAY 411 S.E.
 OKEECHOBEE FL 34974

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

65-0409838

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

Name

ITALO F. BUENAVENTURA

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

964 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.

(NOTE: Registered Agent signature required when reinstating)

4-7-00

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, 2000 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	DVP	<input type="checkbox"/> Delete
NAME	ORY, DONALD W.	
STREET ADDRESS	964 HWY 441 S.E.	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ORY PATRICIA P.	
STREET ADDRESS	964 HWY 441 S.E.	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTIN, DIANE	
STREET ADDRESS	964 HWY 441 S.E.	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	A VP	<input type="checkbox"/> Delete
NAME	BUENAVENTURA, ITALO	
STREET ADDRESS	964 HWY 441, S.E.	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BUENAVENTURA, HOLLY	
STREET ADDRESS	964 HWY 441, S.E.	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARTIN, RALPH	
STREET ADDRESS	964 HWY 441 SE	
CITY-ST-ZIP	OKEECHOBEE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORY, PATRICIA P.	
STREET ADDRESS	964 Hwy 441 SE	
CITY-ST-ZIP	Okeechobee FL 34974	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ATP/MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buenaventura, ITALO	
STREET ADDRESS	964 Hwy 441 SE	
CITY-ST-ZIP	Okeechobee FL 34974	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buenaventura, Holly	
STREET ADDRESS	964 Hwy 441 SE	
CITY-ST-ZIP	Okeechobee FL 34974	
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: *[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-00

Date

863-467-2000

Daytime Phone #