FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
04-17-2002 90119 021 ***150.00

DOCUMENT # P93000036326

1. Entity Name
Big Lake Marina, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
964 Hwy 441 SE	964 Hwy 441 SE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee FL	City & State: Okeechobee FL
Zip: 34974 Country: USA	Zip: 34974 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0409838 ☐ Applied For ☐ Not Applicable

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: Italo 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: _____ 5-6-02
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: DVP NAME: ORY, DONALD W. STREET ADDRESS: 964 Hwy 441 SE CITY-ST-ZIP: Okeechobee FL 34974	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: AT NAME: ORY, PATRICA P. STREET ADDRESS: 964 Hwy 441 SE CITY-ST-ZIP: Okeechobee, FL 34974	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: T NAME: MARTIN, DIANNE STREET ADDRESS: 964 Hwy 441 SE CITY-ST-ZIP: Okeechobee, FL 34974	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **DO NOT WRITE**
TITLE: AVP D NAME: Buenaventura, ITALO STREET ADDRESS: 964 Hwy 441 SE CITY-ST-ZIP: Okeechobee FL 34974	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **IN THIS SPACE**
TITLE: ST NAME: Buenaventura, Holly STREET ADDRESS: 964 Hwy 441 SE CITY-ST-ZIP: Okeechobee, FL 34974	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: P NAME: MARTIN, Ralph STREET ADDRESS: 964 Hwy 441 SE CITY-ST-ZIP: Okeechobee, FL 34974	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

CR2E034B (12/01)

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: Holly Buenaventura ST Holly Buenaventura 4-3-02 863-467-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #