

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 96000064247

1. Entity Name
Wynn's Fishing and Lodging, Inc.

Principal Place of Business
5350 Highway 441 SE
Okeechobee, FL 34974

Mailing Address
5350 Highway 441 SE
Okeechobee, FL 34974

2. Principal Place of Business
5350 Highway 441 SE
Suite, Apt. #, etc.

3. Mailing Address
5350 Highway 441 SE
Suite, Apt. #, etc.

City & State
Okeechobee, FL

City & State
Okeechobee, FL

Zip Country
34974 Okeechobee

Zip Country
34972 Okeechobee

6. Name and Address of Current Registered Agent

Johnnie Ruth Fralix
1865 NW 50th Avenue
Okeechobee, FL 34972

4. FEI Number
59-3436369

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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 Johnnie Fralix JOHNNIE FRALIX 4-26-00

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. ☐

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

TITLE	Vice-President/Treasurer	<input type="checkbox"/> Delete
NAME	Johnnie Ruth Fralix	
STREET ADDRESS	1865 NW 50th Avenue	
CITY-ST-ZIP	Okeechobee FL 34972	
TITLE	President	<input type="checkbox"/> Delete
NAME	G. Wynn Fralix	
STREET ADDRESS	1865 NW 50th Avenue	
CITY-ST-ZIP	Okeechobee FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Johnnie Fralix JOHNNIE FRALIX 4-26-00 863 467-9966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90084 018 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)