

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90257 021 ***150.00

DOCUMENT # P96000099874

1. Entity Name
OPEC FAMILY CORPORATION

Principal Place of Business

**1002 11TH ST SW
 LIVE OAK FL 32060
 US**

Mailing Address

**1002 11TH ST SW
 LIVE OAK FL 32060
 US**

2. Principal Place of Business

910 SW ONTARIO AVE

3. Mailing Address

910 SW ONTARIO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LIVE OAK FL

City & State

LIVE OAK FL

4. FEI Number

59-3414408

Applied For

Not Applicable

Zip

32064

Country

Swansee

Zip

32064

Country

Swansee

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DECKER, ANDREW J III
 320 WHITE AVE.
 LIVE OAK FL 32060**

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

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, 2002 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 **D** ☐ Delete
 NAME **PALMER, CALVIN O**
 STREET ADDRESS **1002 11TH ST., SW**
 CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **D** ☐ Delete
 NAME **HOLMES, PATRICIA P**
 STREET ADDRESS **1002 11 ST SW**
 CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **D** ☐ Delete
 NAME **EATON, EVELYN P**
 STREET ADDRESS **RT 1 BOX 2795**
 CITY-ST-ZIP **FOLKSTON GA 31357**

TITLE **D** ☐ Delete
 NAME **PALMER, LEAH**
 STREET ADDRESS **1002 11TH ST SW**
 CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **D** ☐ Delete
 NAME **PALMER, JOHN C**
 STREET ADDRESS **1002 11TH ST SW**
 CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **PALMER CALVIN O**
 STREET ADDRESS **910 SW ONTARIO AVE**
 CITY-ST-ZIP **LIVE OAK, FL 32064**

TITLE **D** ☒ Change ☐ Addition
 NAME **Schoessler, PATRICIA P.**
 STREET ADDRESS **2629 Mitcham Drive**
 CITY-ST-ZIP **Tallahassee FL 32308**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
 NAME **HARRELL, LEAH**
 STREET ADDRESS **10333 124th STREET**
 CITY-ST-ZIP **LIVE OAK, FL 32060**

TITLE **D** ☒ Change ☐ Addition
 NAME **PALMER, JOHN C.**
 STREET ADDRESS **8817 135th LOOP**
 CITY-ST-ZIP **LIVE OAK, FL 32060**

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-02

Date

Daytime Phone #

CR2E034 (9/01)