2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000049417** Mar 28, 2000 8:00 am **Secretary of State** OKEECHOBEE PROPERTIES, INC. 03-28-2000 90060 015 ***150.00 Principal Place of Business Mailing Address 5500 ST. LUCIE BOULEVARD 5500 ST. LUCIE BOULEVARD FORT PIERCE FL 34946 FORT PIERCE FL 34946-9063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0764261 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MINIX, MARILYN J Street Address (P.O. Box Number is Not Acceptable) 5500 ST. LUCIE BOULEVARD FORT PIERCE FL 34946 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. - 23-00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) title if applicable 10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Tax filing requirement and elects to do so. *After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition ☐ Defete TITLE TITLE MINIX, JAMES I NAME NAME 5500 ST. LUCIE BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34946 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F TITLE MINIX, MARILYN J NAME NAME 5500 ST. LUCIE BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34946 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE FOWLER, THERESA ANN NAME NAME STREET ADDRESS 5500 ST. LUCIE BOULEVARD STREET ADDRESS CITY-ST-ZIP_ FORT PIERCE FL 34946 CITY-ST-ZIP ☐ Addition Delete Change TITLE MINIX, SEAN I NAME NAME 5500 ST. LUCIE BOULEVARD STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34946 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

Parlino Minix MARILYNMinix

3-23-00

561-464-5

Daytime Phor