## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P98000012358 OKOBOJI PUBLISHING CORP. 01-31-2001 90015 014 \*\*\*150.00 Principal Place of Business Mailing Address C/O GEPRGE STEWART C/O TAMMI SANDERHOFF 255 THE ESPLANADE #305 8512 CHOCTAW TRAIL VENICE FL 34285 FORT WORTH TX 76116 Principal Place of Business xander hoff DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0811960 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAYNE, L HOWARD ESQ. Street Address (P.O. Box Number is Not Acceptable) 720 SO ORANGE AVE SARASOTA FL 34236 City Zip Code Fl 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition STEWART, GEORGE NAME NAME PO BOX 122 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP arnolds park ia CITY-ST-ZIP TITLE ☐ Delete TITLE Addition SANDERHOFF, TAMMI NAME NAME 1722 Oakdale Lane Wynne, AR 72396 518 So. BOSTON DECTOR HASTINGS NE 68901 8512 CHOCTAW TRAIL STREET ADDRESS CITY-ST-ZIP FORT WORTH TX CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Addition STEWART, GREG NAME STREET ADDRESS PO BOX 811 STREET ADDRE CITY-ST-ZIP STORM LAKE IA CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition FRISK, THERESA NAME NAME 1705 COTTONWOOD CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP YORKVILLE IL 60560 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STEWART, SHARON NAME NAME 5035 BERWIN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLLEGE PARK MD CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition STEWART, SCOTT NAME NAME 209 EDGEWOOD DR STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE

STARKVILLE MS

CITY-ST-ZIP