

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90009 024 ***150.00

DOCUMENT # P98000012358

1. Entity Name
OKOBOJI PUBLISHING CORP.

Principal Place of Business

C/O GEORGE STEWART *George*
406 MAYFAIR DR
VENICE FL 34293

Mailing Address

C/O TAMMI SANDERHOFF
1722 OAKSDALE LANE *oakdale*
WYNNE AR 72396

2. Principal Place of Business

C/O George Stewart
 Suite, Apt. #, etc.
406 Mayfair Dr
 City & State
Venice FL

3. Mailing Address

C/O Tammi Sanderhoff
 Suite, Apt. #, etc.
1722 Oakdale Lane
 City & State
Wynne AR



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0811960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PAYNE, L HOWARD ESQ.
720 SO ORANGE AVE
SARASOTA FL 34236

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	P	<input type="checkbox"/> Delete
NAME	STEWART, GEORGE	
STREET ADDRESS	PO BOX 122	
CITY-ST-ZIP	ARNOLDS PARK IA	
TITLE	VST	<input type="checkbox"/> Delete
NAME	SANDERHOFF, TAMMI	
STREET ADDRESS	1722 OAKSDALES LANE	
CITY-ST-ZIP	WYNNE AR 72396	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEWART, GREG	
STREET ADDRESS	PO BOX 811	
CITY-ST-ZIP	STORM LAKE IA	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRISK, THERESA	
STREET ADDRESS	518 SO BOSTON	
CITY-ST-ZIP	HASTINGS NE 68901	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEWART, SHARON	
STREET ADDRESS	5035 BERWIN RD	
CITY-ST-ZIP	COLLEGE PARK MD	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEWART, SCOTT	
STREET ADDRESS	209 EDGEWOOD DR	
CITY-ST-ZIP	STARKVILLE MS	

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	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tammi Sanderhoff	
STREET ADDRESS	1722 Oakdale Ln	
CITY-ST-ZIP	Wynne, AR 72396	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stewart, Greg	
STREET ADDRESS	PO Box 381	
CITY-ST-ZIP	Sutherland, NE 69165	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frisk, Theresa	
STREET ADDRESS	1705 Cottonwood Ct	
CITY-ST-ZIP	Yorkville, IL 60560	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **VST** **1/9/02** **870-208-8564**
 Date Daytime Phone #

CR2E034 (9/01)