

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90093 024 ***150.00

DOCUMENT # P98000012358

1. Entity Name
OKOBOJI PUBLISHING CORP.



Principal Place of Business
C/O GEPRGE STEWART
406 MAYFAIR DR
VENICE FL 34293

Mailing Address
C/O TAMMI SANDERHOFF
1722 OAKDALE LANE
WYNNE AR 72396

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0811960**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **STEWART, GEORGE**
STREET ADDRESS **PO BOX 122**
CITY-ST-ZIP **ARNOLDS PARK IA**

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

TITLE **VST** ☐ Delete
NAME **SANDERHOFF, TAMMI**
STREET ADDRESS **1722 OAKSDALES LANE**
CITY-ST-ZIP **WYNNE AR 72396**

TITLE ☒ Change ☐ Addition
NAME **1722 Oakdale Lane**
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **STEWART, GREG**
STREET ADDRESS **PO BOX 381**
CITY-ST-ZIP **SUTHERLAND NE 69165**

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

TITLE **V** ☐ Delete
NAME **FRISK, THERESA**
STREET ADDRESS **1705 COTTONWOOD CT**
CITY-ST-ZIP **YORKVILLE IL 60560**

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

TITLE **V** ☐ Delete
NAME **STEWART, SHARON**
STREET ADDRESS **5035 BERWIN RD**
CITY-ST-ZIP **COLLEGE PARK MD**

TITLE ☒ Change ☐ Addition
NAME **5903 Trumpet Sound Ct.**
STREET ADDRESS **Clarksville, MD 21029**
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **STEWART, SCOTT**
STREET ADDRESS **209 EDGEWOOD DR**
CITY-ST-ZIP **STARKVILLE MS**

TITLE ☒ Change ☐ Addition
NAME **9009 Denney Dr**
STREET ADDRESS **Milan, TN 38358**
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tammi Sanderhoff **QU/STED Tammi Sanderhoff** **1/4/03** **870-208-2504**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)