

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 01, 2000 8:00 am
Secretary of State

06-01-2000 90002 033 ***150.00

DOCUMENT # P98000031199

1. Entity Name

BIG LAKE DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

~~S.E. 96TH CIRCLE~~
~~OKEECHOBEE FL 34974~~

~~400 N.W. 2ND STREET~~ **6285 S.E. 96th Circle**
OKEECHOBEE FL 34972-4106
34974

2. Principal Place of Business

3. Mailing Address

6285 S.E. 96th Circle
Suite, Apt. #, etc.

6285 S.E. 96th Circle
Suite, Apt. #, etc.

City & State

Okeechobee FL

City & State

Okeechobee, FL

Zip

34974

Country

US

Zip

34974

Country

US

4. FEI Number

APPLIED FOR
31-1600753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, CHARLES A
6285 S.E. 96TH CIRCLE
OKEECHOBEE FL 34972

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 **Charles A. Newman**

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

(NOTE: Registered Agent signature required when reinstating)

1-25-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **NEWMAN, CHARLES A**
STREET ADDRESS **6285 S.E. 96TH CIRCLE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

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

TITLE **VPS** ☐ Delete
NAME **CHANDLER, PAMELA K**
STREET ADDRESS **6285 S.E. 96TH CIRCLE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(j), 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:

Pamela Chandler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED 19/99