

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91592 026 \*\*\*150.00

**DOCUMENT # P98000031199**

1. Entity Name

**BIG LAKE DEVELOPMENT, INC.**

Principal Place of Business

**6285 S.E. 96TH CIRCLE  
 OKEECHOBEE FL 34974  
 US**

Mailing Address

**6285 S.E. 96TH CIRCLE  
 OKEECHOBEE FL 34974  
 US**

2. Principal Place of Business

**1422 Hwy 441 S.E.**  
 Suite, Apt. #, etc.

3. Mailing Address

**1422 Hwy 441 S.E.**  
 Suite, Apt. #, etc.

City & State

**Okeechobee Fl.**

City & State

**Okeechobee**

Zip

**34974**

Country

**Okeechobee**

Zip

**34974**

Country

**Okeechobee**

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.

*Charles Newman*  
 (NOTE: Registered Agent signature required when reinstating)

**4-10-02**  
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD NEWMAN, CHARLES A 6285 S.E. 96TH CIRCLE OKEECHOBEE FL 34974	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CHANDLER, PAMELA K 6285 S.E. 96TH CIRCLE OKEECHOBEE FL 34974	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

**863-462-5000**

CR2E034 (9/01)

**B0082724**



DO NOT WRITE IN THIS SPACE