

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056869

1. Entity Name
CENTRAL HOMES OF OKEECHOBEE, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90025 022 ***550.00

Principal Place of Business
807 NE Park Street
Okeechobee, FL, 34972

Mailing Address
P. O. Box 2107
Clewiston, FL, 33440

2. Principal Place of Business
807 NE Park Street
Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 2107
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Okeechobee, FL

City & State
Clewiston, FL

4. FEI Number
65-0850463

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip
34972

Country
Okeechobee

Zip
33440

Country
Hendry

6. Name and Address of Current Registered Agent

WATKINS, JOHN J.
150 SOUTH MAIN STREET
LABELLE, FL, 33935

7. Name and Address of New Registered Agent

Name
MICHAEL A. VARNUM

Street Address (P.O. Box Number is Not Acceptable)
807 N. E. PARK STREET

City
OKEECHOBEE

FL

Zip Code
34972

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  Michael A. Varnum 9/12/00

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, 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

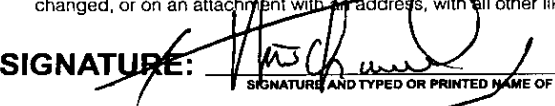
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINNEY, KENNETH E. JR. 835 South Main Street LaBelle, FL, 33935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, KIM E. 2160 Highway 27 Clewiston, FL, 33440	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS 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	D/P/S/T VARNUM, MICHAEL A. 807 N. E. Park Street Okeechobee, FL, 34972	<input checked="" 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

CR2E034 (9/99)

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

9/12/00 863-467-8444

Date

Daytime Phone #