

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90290 015 ***558.75

DOCUMENT # P98000056869

1. Entity Name

CENTRAL HOMES OF OKEECHOBEE, INC. ✓

Principal Place of Business

807 NE PARK STREET
 OKEECHOBEE FL 34972

Mailing Address

PO BOX 2107
 CLEWISTON FL 33440

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

807 NE Park St

Suite, Apt. #, etc.

City & State

Okeechobee, FL

Zip

34972

Country

Okeechobee

4. FEI Number

65-0850463

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VARNUM, MICHAEL A
 807 N.E. PARK STREET
 OKEECHOBEE FL 34972

7. Name and Address of New Registered Agent

Name

Suzanna Ruckes

Street Address (P.O. Box Number is Not Acceptable)

807 NE 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 Suzanna Ruckes Suzanna Ruckes

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/5/2001

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, 2001 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	DPST	<input checked="" type="checkbox"/> Delete
NAME	VARNUM, MICHAEL A	
STREET ADDRESS	807 N.E. PARK STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, MARY C	
STREET ADDRESS	433 S MISSOURI ST	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William A. Walker II	
STREET ADDRESS	250 S. Park AVE, 5th Floor	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	VT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suzanna Ruckes	
STREET ADDRESS	807 NE Park St	
CITY-ST-ZIP	Okeechobee, FL 34972	
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		
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: Michael A. Varum Michael A. Varum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/5/01

Daytime Phone #

800-870-7946

CR2E034 (10/00)