

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100065

1. Entity Name

NATIVE ENTERPRISES OF LAKE OKEECHOBEE, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90036 035 ***150.00

Principal Place of Business 14600 WOODWARD ROAD PALMDALE FL 33944	Mailing Address P.O. BOX 104 PALMDALE FL 33944-0104 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0892134		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RAMUNNI, STEVEN A 150 SOUTH MAIN STREET SUITE 3 LABELLE FL 33975		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP	TITLE	
NAME	CLEMENT, WILLIAM F	NAME	
STREET ADDRESS	14600 WOODWARD RD	STREET ADDRESS	
CITY-ST-ZIP	PALMDALE FL 33944	CITY-ST-ZIP	
TITLE	PT	TITLE	
NAME	HUFF, ALLEN	NAME	
STREET ADDRESS	RT 6 BOX 591-A	STREET ADDRESS	
CITY-ST-ZIP	PALMDALE FL 33944	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	CLEMENT, DEBORAH	NAME	
STREET ADDRESS	14600 WOODWARD RD	STREET ADDRESS	
CITY-ST-ZIP	PALMDALE FL 33944	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: William F. Clement 1/15/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)