

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90071 012 ***150.00

DOCUMENT # P99000075949

i. Entity Name

PALM HARBOR FISHING RESORT, INC.

Principal Place of Business

Mailing Address

HWY. 441 SE
 OKEECHOBEE FL 34974

5430 HWY. 441 SE
 OKEECHOBEE FL 34974-2396

2. Principal Place of Business

5430 HWY 441 S.E.

Suite, Apt. #, etc.

#10

3. Mailing Address

5430 HWY 441 S.E.

Suite, Apt. #, etc.

#10

City & State

OKEECHOBEE, FL

City & State

OKEECHOBEE, FL

4. FEI Number

65-0867843

Applied For

Not Applicable

Zip

34974

Country

OKEECHOBEE

Zip

34974

Country

OKEECHOBEE

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COOK, JOHN R
 202 N.W. 5TH AVE.
 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

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	PD	<input type="checkbox"/> Delete
NAME	PALMER, JOHN Z	
STREET ADDRESS	5430 HWY. 441 SE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PALMER, JOHN	
STREET ADDRESS	5430 HWY. 441 SE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PALMER, IRENE	
STREET ADDRESS	5430 HWY. 441 SE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
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	<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	
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:

John Z. PALMER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-10-2000

Daytime Phone #

863-467-2631

467-4068

CR2E034 (9/99)