

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08192

1. Entity Name

FLORIDA NATIONAL CHEROKEE FEDERATION, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90090 044 ****61.25

Principal Place of Business 1604 KATHLEEN ROAD LAKELAND FL 33805	Mailing Address CHIEF JACK SANFORD PO BOX 322 SEFFNER FL 33583-0322
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-0072505	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GRIFFIN, JOHN
906 SANTA CRUZ ROAD
COCOA BEACH FL 32931

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFIN, JOHN 906 SANTA CRUZ RD. COCOA BEACH FL 32931	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANFORD, JACK PO BOX 322, N/A SEFFNER FL 33584	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRIFFIN, MARILYN 1604 KATHLEEN RD LAKELAND FL 33805	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, SHELDON 775 E. MERRITT ISLAND CSWY. MERRITT ISLAND FL 32952	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST/VD JACK SANFORD P.O. BOX 322 NA SEFFNER, FL 33584	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-00 321-452-4145

Date Daytime Phone #

CR2E037 (9/99)