

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

02 APR -9 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 196000065174

1. Entity Name

Seminole Swamp Seasoning, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>Big Cypress Seminole Indian Reservation</u> Suite, Apt. #, etc. <u>P.O. Box 2200</u> City & State <u>Clewiston, FL</u> Zip <u>33440</u> Country <u>USA</u>		3. Mailing Address <u>JAMES McDANIEL</u> Suite, Apt. #, etc. <u>2901 Mystic Warrior Trail</u> City & State <u>Tallahassee, FL</u> Zip <u>32309</u> Country <u>USA</u>	
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4. FEI Number <u>65-0692095</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>James C. McDaniel</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2901 Mystic Warrior Trail</u>	
City <u>Tallahassee</u>	FL Zip Code <u>32309</u>

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 James C. McDaniel Treasurer DATE 4-9-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p><b>January 1 - May 1 Fee is \$150.00</b>  <b>After May 1, Fee is \$550.00</b>  <b>Amended UBR is \$61.25</b>  <b>Make Check Payable to Department of State</b></p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE <u>PRESIDENT</u>	NAME <u>RICHARD DAVIS</u>	TITLE	NAME
STREET ADDRESS <u>Rt. 2, Box 447</u>	CITY-ST-ZIP <u>LABELLE, FL 33935</u>	STREET ADDRESS	CITY-ST-ZIP
TITLE <u>VICE PRESIDENT</u>	NAME <u>JAMES E. Billie</u>	TITLE	NAME
STREET ADDRESS <u>HC 61, 19D</u>	CITY-ST-ZIP <u>Clewiston, FL 33440</u>	STREET ADDRESS	CITY-ST-ZIP
TITLE <u>Treasurer</u>	NAME <u>James C. McDaniel</u>	TITLE	NAME
STREET ADDRESS <u>2901 Mystic Warrior Trail</u>	CITY-ST-ZIP <u>Tallahassee, FL 32309</u>	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: James C. McDaniel Date 4/9/02 Daytime Phone # 850-877-6275  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)