

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004318

1. Entity Name

THE VILLAGE OF MANY TRIBES, INC.

Principal Place of Business

140 SHELL HARBOUR ROAD
SUITE A
SATSUMA FL 32189
US

Mailing Address

140 SHELL HARBOUR ROAD
SUITE A
SATSUMA FL 32189
US

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

59-3414335

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANDEVENTER, DONALD J
140 SHELL HARBOUR ROAD
SUITE A
SATSUMA FL 32189

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	VANDEVENTER, DONALD J	
STREET ADDRESS	140 SHELL HARBOUR ROAD, SUITE A	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANDEVENTER, GAIL H	
STREET ADDRESS	140 SHELL HARBOUR ROAD	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANDEVENTER, JESSE C	
STREET ADDRESS	1617 MAJESTIC OAK DR	
CITY-ST-ZIP	APOPKA FL 32712	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDEVENTER, DONALD J.	
STREET ADDRESS	140 SHELL HARBOR Rd, Suite A	
CITY-ST-ZIP	SATSUMA, FL 32189	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESSE VANDEVENTER	
STREET ADDRESS	140 SHELL HARBOR Rd, Suite A	
CITY-ST-ZIP	SATSUMA, FL 32189	
TITLE	SEC TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDEVENTER, GAIL H	
STREET ADDRESS	140 SHELL HARBOR Rd, Suite A	
CITY-ST-ZIP	SATSUMA, FL 32189	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL R. JACKSON	
STREET ADDRESS	5 HWY 17	
CITY-ST-ZIP	SATSUMA, FL 32189	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS E. HENDERSON	
STREET ADDRESS	8811 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90061 017 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)