

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90003 002 \*\*\*\*70.00

**DOCUMENT # 718781**

1. Entity Name

**THE AMERICAN INDIAN ASSOCIATION OF FLORIDA, INCO**

Principal Place of Business

P.O. BOX 260  
 WINTER PARK FL 32790  
 US

Mailing Address

P.O. BOX 260  
 WINTER PARK FL 32790  
 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

**23-7073242**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHAMPION, LAURA A**  
**6430 QUARTERHORSE LN**  
**ORLANDO FL 32818**

7. Name and Address of New Registered Agent

Name **Robin Boyd**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1201 Flewelling Ave**  
**Orlando**  
 City **FL** Zip Code **34761**

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

*Robin E Boyd*

*Robin E Boyd*

*9/5/01*

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**  
**After September 12, 2001, min. will be \$236.25**

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	<b>P</b> <b>ROUSEY, MELODY</b> <b>5027 WESTWINDS DR</b> <b>ORLANDO FL 32809</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CLARK, SARAH</b> <b>7723 TERN D</b> <b>ORLANDO FL 32822</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CHAMPION, LAURA</b> <b>6430 QUARTERHORSE LN</b> <b>ORLANDO FL 32818</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CANADIAN, CLAIRE</b> <b>6924 HOLLY ST</b> <b>ZELLWOOD FL 32798</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PADGETT, CHRISTI</b> <b>111 FRANCES DR</b> <b>ALTAMONTE SPRINGS FL 32714</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WATERS, CARMEN</b> <b>1033 ANTELOPE TRAIL</b> <b>WINTER SPRINGS FL 32708</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Barbara Dorr</b> <b>11001 Regency Commons Ct.</b> <b>Orlando, FL 32837</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Robin Boyd</b> <b>1201 Flewelling Ave</b> <b>Orlando, FL 34761</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Nancy McLane</b> <b>5246 Dawson Ave</b> <b>Orlando, FL 32810</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robin E Boyd*

**SIGNATURE REQUIRED**

*Robin E Boyd Treasurer 9/12/01 402763001461*

CR2E037 (5/01)