

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728112

1. Entity Name

THE MUSKOGEE CREEK INDIAN NATION EAST OF THE MIS

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90038 020 ****66.25

Principal Place of Business

Mailing Address

LYMAN HENDRY RD
RT 4 BOX 652
PERRY FL 32347
US

P.O. BOX 328
PERRY FL 32348-0328
US

2. Principal Place of Business

1300 Reynold Hendry Rd

3. Mailing Address

1920 US 231 N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Perry Fla.

City & State

Perry Fla.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32347

Country

Taylor

Zip

32347

Country

Taylor

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JEFF
RT. 4, BOX 652
PERRY FL 32347

7. Name and Address of New Registered Agent

Name Michael Sinnott

Street Address (P.O. Box Number is Not Acceptable)

131 JACKSON PLACE

City PERRY

FL

Zip Code 32347

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

Michael Sinnott

Michael Sinnott

5-30-00

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	PD	<input type="checkbox"/> Delete
NAME	BLUE, SAM	
STREET ADDRESS	RT 4, BOX 652	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HANSON, MICHELLE	
STREET ADDRESS	RT 5 BOX 276	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SINNOTT, REBECCA	
STREET ADDRESS	RT 1 BOX 158-C	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HANSON, BETTY	
STREET ADDRESS	RT 5, BOX 28	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, LISA	
STREET ADDRESS	RT 1 BOX 86A	
CITY-ST-ZIP	GREENVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	Sylvia M. Conners
STREET ADDRESS	Rt 4 Box 277
CITY-ST-ZIP	Greenville, Fla. 32331
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:

BIGNEASARE LEONIE BILLY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/2000

Date

Daytime Phone #

CR2E037 (9/99)