

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90050 025 \*\*\*\*61.25

**DOCUMENT # 728112**

1. Entity Name  
**THE MUSKOGEE CREEK INDIAN NATION EAST OF THE MIS** ✓

Principal Place of Business Mailing Address  
 1200 RYMAN HENDRY RD 1920 US 221 N  
 PERRY FL 32347 PERRY FL 32347  
 US 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 **NOT APPLICABLE** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SINNOTT, MICHAEL**  
**131 JACKSON PL**  
**PERRY FL 32347**

7. Name and Address of New Registered Agent  
 Name **CRISS SMITH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9023 WARBLER DR.**  
 City **TALAHASSEE** FL Zip Code **32310**

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 **Criss Smith** (NOTE: Registered Agent signature required when registering) DATE **01-27-2001**

**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 BLUE, SAM RT 4, BOX 652 PERRY FL 32347	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANSON, MICHELLE RT 5 BOX 276 PERRY FL 32347	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SINNOTT, REBECCA RT 1 BOX 158-C MONTICELLO FL 32344	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANSON, BETTY RT 5, BOX 28 PERRY FL 32347	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONNERS, SYLVIA M RT 4 BOX 277 GREENVILLE FL 32331	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sam Blue 4201 J. G. Blue Rd. Perry, Florida 32347	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gisele Gravel-Bartolini 1920 US 221 North Perry, Fla. 32347	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michelle Hanson 2686 Woods Creek Rd Perry, Florida 32347	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Betty Hanson 1920 U.S. 221 North Perry, Fla. 32347	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARCIA L. GARY 4400 TURNER RD MULBERRY, FL 33860-9512	<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: **SAMABILE REQUIRED Sam Blue** Date **Jan 27, 2001**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/00)