

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90264 027 ****61.25

DOCUMENT # 728112

1. Entity Name

THE MUSKOGEE CREEK INDIAN NATION EAST OF THE MISSISSIPPI, INC.

Principal Place of Business

Mailing Address

**1200 RYMAN HENDRY RD
 PERRY FL 32347
 US**

**1920 US 221 N
 PERRY FL 32347
 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

7. Name and Address of New Registered Agent

**SMITH, CRISS
 9023 WARBLER DRIVE
 TALLAHASSEE FL 32310**

Name **Gisele Gravel-Bartalini**
 Street Address (P.O. Box Number is Not Acceptable)
1920 N. U.S. 221

Perry, FL 32347

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 *Gisele Gravel-Bartalini*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/02

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 **PD** ☐ Delete
 NAME **BLUE, SAM**
 STREET ADDRESS **RT 4, BOX 652**
 CITY-ST-ZIP **PERRY FL 32347**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Sam Blue**
 STREET ADDRESS **4201 J. J. Blue Rd.**
 CITY-ST-ZIP **Perry, FL 32347**

TITLE **VD** ☒ Delete
 NAME **GRAVEL-BARTALINI, GISELE**
 STREET ADDRESS **1920 US 221 NORTH**
 CITY-ST-ZIP **PERRY FL 32347**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Michelle Hanson**
 STREET ADDRESS **2686 Woods Creek Rd.**
 CITY-ST-ZIP **Perry, FL 32347**

TITLE **VD** ☒ Delete
 NAME **HANSON, MICHELLE**
 STREET ADDRESS **2686 WOODS CREEK RD**
 CITY-ST-ZIP **PERRY FL 32347**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Sylvia M. Conners**
 STREET ADDRESS **Rt 4 Box 277**
 CITY-ST-ZIP **Greenville, FL 32331**

TITLE **TD** ☐ Delete
 NAME **HANSON, BETTY**
 STREET ADDRESS **RT 5, BOX 28**
 CITY-ST-ZIP **PERRY FL 32347**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Betty Hanson**
 STREET ADDRESS **1920 N. U.S. 221**
 CITY-ST-ZIP **Perry, FL 32347**

TITLE **SD** ☒ Delete
 NAME **CONNERS, SYLVIA M**
 STREET ADDRESS **RT 4 BOX 277**
 CITY-ST-ZIP **GREENVILLE FL 32331**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Marcia Gary**
 STREET ADDRESS **4420 Turner Rd.**
 CITY-ST-ZIP **Mulberry, FL 33860**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

850-584-6039

Daytime Phone #

CR2E037 (9/01)