

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729418

1. Entity Name

FLORIDA INDIAN HOBBYIST ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90267 011 ****70.00

Principal Place of Business

Mailing Address

5521 IDEAL HOLDING RD.
PT. ST. LUCIE FL 34988

P.O. BOX 12716
FT. PIERCE FL 34979-2716
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

26-1153165

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MINER, DORIS W.
12595 E BOY SCOUT RD
INVERNESS FL 34450

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 PD ☐ Delete
NAME POTTORFF, DAVID
STREET ADDRESS 172 S E VILLAGE DRIVE
CITY-ST-ZIP PT ST LUCIE FL 34952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME IRWIN, JACK
STREET ADDRESS 699 LAKEHURST DR.
CITY-ST-ZIP PT. ST. LUCIE FL

TITLE PD ☐ Change ☒ Addition
NAME Bell, Tye
STREET ADDRESS 5521 Ideal Holding Rd
CITY-ST-ZIP Pt St Lucie FL 34988

TITLE STD ☐ Delete
NAME BELL, BRENDA
STREET ADDRESS 5521 IDEAL HOLDING RD.
CITY-ST-ZIP PT. ST. LUCIE FL 34988

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME WITMER, JAMES
STREET ADDRESS 814 S FEDERAL HWY
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

January 20, 2000

Date

Daytime Phone #

CR2E037 (9/99)