

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003957

1. Entity Name

INTER-TRIBAL COUNCIL OF AT&T EMPLOYEES, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90864 029 \*\*\*150.00

Principal Place of Business

Mailing Address

ATTN: ANN O'NEAL  
 6021 S. RIO GRANDE AVE., RM 1E2-198  
 ORLANDO FL 32809  
 US

ATTN: ANN O'NEAL  
 6021 S. RIO GRANDE AVE., RM 1E2-198  
 ORLANDO FL 32809-4613  
 US

2. Principal Place of Business

6021 S. RIO GRANDE AVE.

Suite, Apt. #, etc.

Rm 1W3-592

City & State

ORLANDO, FL

Zip

32809

Country

U.S.

3. Mailing Address

6021 S. RIO GRANDE AVE

Suite, Apt. #, etc.

Rm 1W3-592

City & State

ORLANDO, FL

Zip

32809

Country

U.S.

ATTN: C. WICKENHEISER



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2152314

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

WICKENHEISER, CHRISTINA  
 851 TRAFALGER CT RM AWCB17  
 MAITLAND FL 32809

Name

CHRISTINA WICKENHEISER

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

6021 S. RIO GRANDE AVE Rm 1W3-592

City

ORLANDO

FL

Zip Code

32809

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

Christina Wickenheiser, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	O'NEAL, ANN	
STREET ADDRESS	6021 S. RIO GRANDE AVE., RM 1E2-198	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BERLEPSCH, LINDA	
STREET ADDRESS	3210 LK EMMA RD., RM 4D362	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WICKENHEISER, CHRIS	
STREET ADDRESS	851 TRAFALGAR CT	
CITY-ST-ZIP	MAITLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3210 LK EMMA RD, RM 4D362	
STREET ADDRESS	BERLEPSCH, LINDA	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTINA WICKENHEISER	
STREET ADDRESS	6021 S. RIO GRANDE AVE., RM 1W3-592	
CITY-ST-ZIP	ORLANDO, FL 32809	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christina Wickenheiser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/00 407-258-8085

Daytime Phone #

CR2E034 (9/99)