

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007571

1. Entity Name  
INDIAN TRADER, LLC

Principal Place of Business  
200 WILLARD STREET, SUITE 2B  
COCOA FL 32922

Mailing Address  
200 WILLARD STREET, SUITE 2B  
COCOA FL 32922-8002

FILED

00 MAR -9 PM 2:50



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3623734

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELEBASH, ALBERT JR.  
200 WILLARD STREET, SUITE 2B  
COCOA FL 32922

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 \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
NAVE, ART  
ROUTE 1, BOX 414  
COLLINSVILLE OK 74021

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000003183900-4  
-03/24/00--01098--013  
\*\*\*\*150.00 \*\*\*\*150.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ELEBASH, ALBERT JR.  
200 WILLARD STREET, SUITE 2B  
COCOA FL 32922

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)