

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90074 027 ****70.00

DOCUMENT # N00000005493

1. Entity Name

SOUTHEASTERN INTERTRIBAL COUNCIL, INC.

Principal Place of Business

20 CAROL ROAD
 ORMOND BEACH FL 32176

Mailing Address

20 CAROL ROAD
 ORMOND BEACH FL 32176

2. Principal Place of Business

20 Carol Road
 Suite, Apt. #, etc.

3. Mailing Address

Carol Road
 Suite, Apt. #, etc.
 20

City & State

Ormond Beach Florida

City & State

Ormond Beach Florida

Zip

32176

Country

Zip

Country

4. FEI Number

257-29-4131

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WOODFIN, DALE
 20 CAROL ROAD
 ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.25

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 ☐ Delete
 NAME D
 STREET ADDRESS WOODFIN, DALE
 CITY-ST-ZIP 20 CAROL ROAD
 ORMOND BEACH FL 32176

TITLE ☒ Delete
 NAME D
 STREET ADDRESS CHANCE, BILLY J.
 CITY-ST-ZIP 1352 E. LOMBARDY DRIVE
 DELAND FL 32725

TITLE ☐ Delete
 NAME D
 STREET ADDRESS PUFFER, SANDY
 CITY-ST-ZIP HIGHWAY 11
 DELAND FL 32720

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
 NAME Margaret Buchanan
 STREET ADDRESS 5281 Ridgewood Ave
 CITY-ST-ZIP Port Orange, FL 32127

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

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

TITLE ☐ Change ☐ Addition
 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

DALE WOODFIN

7-7-01

CR2E037 (5/01)