

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90028 009 \*\*\*\*61.25

**DOCUMENT # N00000005978**

1. Entity Name

**INDIAN CREEK BAND CHICKAMAUGAN CREEK, INC.**

Principal Place of Business

Mailing Address

1352 E. LOMBARDY DR.  
DELTONA FL 32725

1352 E. LOMBARDY DR.  
DELTONA FL 32725

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

**59-3676435**

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

**CHANCE, BILL**  
**1352 E. LOMBARDY DR.**  
**DELTONA FL 32725**

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

*Bill Chance*

*Bill Chance*

*1/9/2002*

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **CHANCE, BILL**  
CITY-ST-ZIP **1352 E. LOMBARDY DR.**  
**DELTONA FL 32725**

TITLE ☐ Change ☐ Addition  
NAME **Board member**  
STREET ADDRESS **Janet Wendig**  
CITY-ST-ZIP **631 South State Rd. 415**  
**New Smyrna Beach, Fla 32168**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CHANCE, ANTHONY J**  
CITY-ST-ZIP **1352 E. LOMBARDY DR.**  
**DELTONA FL 32725**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CHANCE, RITA M**  
CITY-ST-ZIP **1352 E. LOMBARDY DR.**  
**DELTONA FL 32725**

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

TITLE ☐ Delete  
NAME **Board member**  
STREET ADDRESS **Robert C. Mosley**  
CITY-ST-ZIP **631 South State Rd. 415**  
**New Smyrna Beach, Fla 32168**

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

TITLE ☐ Delete  
NAME **Debbie Roth - Board member**  
STREET ADDRESS **1425 Drysdale St.**  
CITY-ST-ZIP **Deltona, Fla 32725**

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

TITLE ☐ Delete  
NAME **Doug Brand - Board member**  
STREET ADDRESS **1320 E. Lombardy Dr.**  
CITY-ST-ZIP **Deltona, Fla 32725**

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: *Bill Chance*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)