

FILED
Mar 05, 2003 8:00 am
Secretary of State

01-23-2003 90210 038 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

1/2

1

DOCUMENT # N00000005978

1. Entity Name

INDIAN CREEK BAND CHICKAMAUGAN CREEK, INC.



Principal Place of Business
1352 E. LOMBARDY DR.
DELTONA FL 32725

Mailing Address
1352 E. LOMBARDY DR.
DELTONA FL 32725

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Board member
Richard Bottari
1368 Providence Blvd
Deltona, FL 32725

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
CHANCE, ANTHONY J
1352 E. LOMBARDY DR.
DELTONA FL 32725

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Board member
Naomi Bottari
1368 Providence Blvd
Deltona, FL 32725

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
CHANCE, RITA M
1352 E. LOMBARDY DR.
DELTONA FL 32725

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Board member
David O'Brien
415 Clark St
Orange City, FL 32763

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

BM
MOSELEY, ROBERT C
831 SOUTH STATE RD 415
NEW SMYRNA BEACH FL 32168

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Board member
Barber Garcia
P.O. Box 1473
Port Salem, FL 34992

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

BM
ROTH, DEBBIE
1425 DRYSDALE 51
DELTONA FL 32725

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Board member
Camille Geoghegan
182 South East Paradise Place
Stuart, FL 34997

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

BM
BRAND, DOUG
1320 E LOMBARDY DR
DELTONA FL 32725

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Board member
Helen B. Robinson
3445 Knox Butte
Albany, OR 97321

☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 100.07(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 1/21/03 1-366-560-4559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)