

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007083

1. Entity Name

HAWK'S NEST UNIFIDE NATIVE AMERICAN TRIBE & LEARNING CENTER, INC.

Principal Place of Business

Mailing Address

5851 159TH DR
LIVE OAK FL 32060

5851 159TH DR
LIVE OAK FL 32060

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

APPLIED FOR

☒ 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

SOLANO, ELANOR
5851 159TH DR
LIVE OAK FL 32060

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. 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 reinstating)

DATE

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME CUPP, MARTIN A
STREET ADDRESS 5851 159TH DR
CITY-ST-ZIP LIVE OAK FL 32060 ☐ Delete

TITLE D
NAME ROWE, DONALD
STREET ADDRESS 3651 DELLWOOD AVE
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

TITLE D
NAME ADKINS, JIMMY
STREET ADDRESS 2717 E PUTNAN ST
CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete

TITLE T
NAME BETH ROWE
STREET ADDRESS 3651 DELLWOOD AVE
CITY-ST-ZIP JACKSONVILLE, FL 32205 ☒ Delete

TITLE S
NAME ANDREW COLE
STREET ADDRESS 11445 US HWY. 129 S
CITY-ST-ZIP LIVE OAK, FL 32060 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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

TITLE T
NAME TOM SANDERS
STREET ADDRESS RT.1BOX 2760
CITY-ST-ZIP LAKE CITY, FL 32055 ☐ Change ☒ Addition

TITLE S
NAME EVA LETICIA RUBI BEY
STREET ADDRESS 14945 160th STREET
CITY-ST-ZIP Mc ALPIN, FL. 32060 ☐ Change ☒ Addition

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

CR2E037 (4/02)

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: *Martin A. Cupp Sr.* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-02 386-364-7803

Date

Daytime Phone #

FILED
Oct 02, 2002 8:00 am
Secretary of State

09-12-2002 90061 023 ****70.00

DO NOT WRITE IN THIS SPACE

Attachment

43477

Hawk's Nest

#N000000007083

Unified Native American Tribe & Learning Center, Inc.

5851 159th drive
Live Oak, Fl. 32060

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500

Annual Tribal Meeting date was July 13, 2002
Directors and Officers were present for Tribal Meeting and approved all changes.
Fiscal year ends with changes that are listed below.

Additions/Changes to Officers and Directors

SECRETARY: Present: Andrew Cole
11445 US HWY. 129 S.
Live Oak, FL. 32060

Change To. Eva Leticia Rubi Bey
14945 160th Street
Mc Alpin, FL.32060

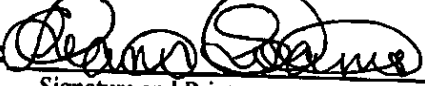
TREASURER: Present: Beth Rowe
3651 Dellwood Ave.
Jacksonville, Fl. 32205

Change To. Tom Sanders
RT. 1 BOX 2760
Lake City, FL. 32055

I hereby ceritfy that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same affect as if made under oath. I am the Registered Agent for Hawk's Nest Unified Native American Tribe & Learning Center, Inc.

Eleanor Solano

SIGNATURE



Signature and Print name

8-23-02

Date

Attachment

#1000000007083

43477

PHILADELPHIA, PA 19255

In reply refer to: 0534157624

Sep. 20, 2002 LTR 147C

59-3690078 000000 00 000

01016

HAWKS NEST UNIFIED NATIVE AMERICAN
% ELEANOR SOLANO
5851 159TH DR
LIVE OAK FL 32060-8141519

Employer Identification Number: 59-3690078
IRS Control Number:

Dear Taxpayer:

Thank you for the inquiry of Sep. 11, 2002.

Your employer identification number (EIN) is 59-3690078. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

If you have any questions, please call us toll free at 1-800-829-1040. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,



William Measure
Operations Mgr., Accounts Mgt. I

Enclosure(s):
Copy of this letter