

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90045 027 \*\*\*\*\*61.25

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DOCUMENT # N00000007716

1. Entity Name

THE BLACKWATER BAND OF THE LOWER MUSKOGEEES, INC.

Principal Place of Business

6173 N. STEWART ST.  
MILTON FL 32570

Mailing Address

6173 N. STEWART ST.  
MILTON FL 32570

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

59-3692230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, GWENDOLYN W  
6173 N. STEWART ST.  
MILTON FL 32570

7. Name and Address of New Registered Agent

Name Brenda D. Tolbert

Street Address (P.O. Box Number is Not Acceptable)

4429 Oak Forest Dr

Milton

City Milton

FL

Zip Code 32583

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 Brenda D. Tolbert

SIGNATURE Brenda D. Tolbert

04-10-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATSON, ROBERT E 3253 JUNIPER CREEK RD. MILTON FL 32570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOLBERT, TIMOTHY R 4429 OAK FOREST DR. MILTON FL 32583	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, SARAH 5012 BECH AVE. JAY FL 32565	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMSON, DOBBIE 12251 HWY 87 N. MILTON FL 32570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, STEPHEN 4812 SHELL RD. MILTON FL 32538	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, AUBREY 4420 PINE FOREST RD. MILTON FL 32583	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert E. Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2001

Date

850-626-3380

Daytime Phone #

CR2E037 (10/00)