

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91285 040 ****70.00

DOCUMENT # N00000007716

1. Entity Name

THE BLACKWATER BAND OF THE LOWER MUSKOKEES, 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

6173 N. Stewart st.

3. Mailing Address

6173 N. Stewart st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Milton FL

City & State

Milton FL

Zip

32570

Country

Santa Rosa

Zip

32570

Country

Santa Rosa

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

**TOLBERT, BRENDA D
4429 OAK FOREST DRIVE
MILTON FL 32583**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Brenda D. Tolbert**
Signature, typed or printed name of registered agent and title if applicable.

Brenda D. Tolbert
(NOTE: Registered Agent signature required when reinstating)

4-10-03
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

TITLE **P** ☐ Delete
NAME **WATSON, ROBERT E**
STREET ADDRESS **3253 JUNIPER CREEK RD.**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **V** ☐ Delete
NAME **TOLBERT, TIMOTHY R**
STREET ADDRESS **4429 OAK FOREST DR.**
CITY-ST-ZIP **MILTON FL 32583**

TITLE **S** ☒ Delete
NAME **WHITE, SARAH**
STREET ADDRESS **5012 BECH AVE.**
CITY-ST-ZIP **JAY FL 32565**

TITLE **T** ☐ Delete
NAME **WILLIAMSON, DOBBIE**
STREET ADDRESS **12251 HWY 87 N.**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **D** ☐ Delete
NAME **FORD, STEPHEN**
STREET ADDRESS **4812 SHELL RD.**
CITY-ST-ZIP **MILTON FL 32538**

TITLE **D** ☐ Delete
NAME **FREEMAN, AUBREY**
STREET ADDRESS **4420 PINE FOREST RD.**
CITY-ST-ZIP **MILTON FL 32583**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **(S) Deadre Emmons** ☐ Change ☒ Addition
NAME **809 Bartow Ave.**
STREET ADDRESS **PENSACOLA FL 32507**
CITY-ST-ZIP

TITLE **(D) LEON D. WATSON** ☐ Change ☒ Addition
NAME **3622 W. Gadsden, st.**
STREET ADDRESS **PENSACOLA, FL. 32505**
CITY-ST-ZIP

TITLE **(D) Donald E. Thompson** ☐ Change ☒ Addition
NAME **5773 Miller Bluff, Rd.**
STREET ADDRESS **Milton FL. 32583**
CITY-ST-ZIP

TITLE **(D) Jean Nichols** ☐ Change ☒ Addition
NAME **311 Sardine Rd.**
STREET ADDRESS **Flomaton, AL. 36441**
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: **ROBERT E. WATSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(850) 675-1542 HA
4-10-2003 (850) 626-3380 WK

CR2E037 (10/02)