

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000007183**

1. Entity Name

UNITED TRIBAL SPIRITS, INC.**FILED****Feb 13, 2002 8:00 am**
Secretary of State

02-13-2002 90018 031 ****61.25

Principal Place of Business

Mailing Address

**3707 CHAMPAGNE AVENUE
NORTH PORT FL 34287****POST OFFICE BOX 7825
NORTH PORT FL 34287**

DUUCJZCZU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1145976

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BROWN, SUSAN R
3707 CHAMPAGNE AVENUE
NORTH PORT FL 34287**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	PD	<input type="checkbox"/> Delete
NAME	STEPHENS, RICHARD J	
STREET ADDRESS	102 FALLS OF VENICE CIRCLE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSE, RANDY	
STREET ADDRESS	827 LEEWARD ROAD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSE, ELLEN	
STREET ADDRESS	827 LEEWARD ROAD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, SUSAN R	
STREET ADDRESS	3707 CHAMPAGNE AVENUE	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, GREGORY B	
STREET ADDRESS	3707 CHAMPAGNE AVENUE	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SUSAN R. BROWN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-02 941-423-5691

Date

Daytime Phone #

CR2E037 (9/01)