2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State
03-24-2002 90062 035 ****61.25

DOCUMENT # N01000009002

1. Entity Name

APLACHICOLA RIVER CREEK INDIAN TRIBAL ORGANIZATI ON, INC.

Principal Place of Business	Mailing Address
RT. 1 BOX 213-Y2 BRISTOL FL 32321	RT. 1 BOX 213-Y2 BRISTOL FL 32321

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: HWY.12 South	Suite, Apt. #, etc.: RT.1,Box 213-Y2
City & State: BRISTOL, FLORIDA	City & State: BRISTOL, FLORIDA
Zip: 32321 Country: USA	Zip: 32321 Country: USA

4. FEI Number: 59-3749320 ☐ 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
SPIVEY, AGNES CHARLIE MCDOWELL RD. P.O.Box 986 BRISTOL FL 32321	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 $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAIRMAN HILL, STEVE P 800 S MARGO ST. TALLAHASSEE FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer,Grants Dept. FOSTER,DAVID P.O.Box 668 BRISTOL, FL.32321	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORD, OZELLER 360 MYERS RD. WEWAHITCHKA FL 32465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SECT./m... SPIVEY, AGNES P. O. BOX 986 BRISTOL FL 32321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sect. SUBER, LEVERN P. O. BOX 192 BRISTOL FL 32321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	-O Public Relations BRANCH,SHERRIE RT.3,Box 26J BRISTOL,FL.32321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHIEF FISCAL OFFICER/T STRUTKO,JOHN (Jack) P.O.Box 668 BRISTOL,FL. 32321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE JOHN STRUTKO 3-8-2002 (850)643-9805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #