## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N01000009002

FILED Apr 15, 2003 Secretary of State

Entity Name: APLACHICOLA RIVER CREEK INDIAN TRIBAL ORGANIZATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** HWY 12 SOUTH 19228 NW CR 12 BRISTOL, FL 32321 BRISTOL, FL 32321 **Current Mailing Address: New Mailing Address:** HWY 12 SOUTH 19228 NW CR 12 BRISTOL, FL 32321 BRISTOL, FL 32321 FEI Number: 59-3749320 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIVEY, AGNES CHARLÍE MCDOWELL RD. BRISTOL, FL 32321 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition HILL, STEVE P HILL, STEVE P Name: Name: 800 S MARGO ST. Address: 19228 NW CR 12 Address: City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: BRISTOL, FL 32321 Title: Title: (X) Change ( ) Addition ( ) Delete FORD, OZELLER Name: FORD, OZELLER Name: Address: 360 MYERS RD. Address: 10731 MICKEY DR City-St-Zip: WEWAHITCHKA, FL 32465 City-St-Zip: BRISTOL, FL 32321 Title: DSM () Delete Title: () Change () Addition SPIVEY, AGNES Name: Name: Address: P. O. BOX 986 Address: City-St-Zip: BRISTOL, FL 32321 City-St-Zip: Title: DS () Delete Title: () Change () Addition SUBER, LEVERN Name: Name: Address: P. O. BOX 192 Address: City-St-Zip: BRISTOL, FL 32321 City-St-Zip: Title: CFOT ( ) Delete Title: () Change () Addition STRUTKO, JOHN JACK Name: Name: PO BOX 668 Address: Address: City-St-Zip: BRISTOL, FL 32321 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BRANCH, SHERRIE BRACH, SHERRIE Name: Name: Address: RT 3 BOX 26J Address: **RT 3 BOX 26J** BRISTOL, FL 32321 BRISTOL, FL 32321 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN STRUTKO CFOT 04/15/2003