

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

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-10-2003 90190 025 ****61.25

DOCUMENT # NO2000005528

1. Entity Name

MYSTIC EAGLE CULTURAL ASSOCIATION INC.



Principal Place of Business

**1231 BAYSHORE RD.
NOKOMIS FL 34275**

Mailing Address

**P.O. BOX 268
NOKOMIS FL 34275**

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

22 3857398

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NORRIS, JULIE M
1231 BAYSHORE RD.
NOKOMIS FL 34275**

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

[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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
NORRIS, JULIE M
1231 BAYSHORE RD.
NOKOMIS FL 34275**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
TACHANTRE, LARRY
P.O. BOX 3163
VENICE FL 34293**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LEE, MYRON P
P.O. BOX 268
NOKOMIS FL 34275**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
STUHMER, HELEN
491 LEACH ST.
ENGLEWOOD FL 34223**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WEST, ANGELIC R
1231 BAYSHORE RD.
NOKOMIS FL 34275**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Tschantre, Larry
P.O. Box 871
Venice FL 34285**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-03

941-408-8182

CR2E037 (10/02)