

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

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90138 041 \*\*\*\*61.25

**DOCUMENT # N02000007620**

1. Entity Name

**TRAIL OF LOST TRIBES, INC.**



Principal Place of Business

**5409-21ST AVENUE SOUTH  
GULFPORT FL 33707**

Mailing Address

**5409-21ST AVENUE SOUTH  
GULFPORT FL 33707**

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

**33-1028183**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RIEF, FRANK J III  
442 WEST KENNEDY BOULEVARD  
SUITE 340  
TAMPA FL 33606**

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, 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NEILY, ELIZABETH</b>	
STREET ADDRESS	<b>5409-21ST AVENUE SOUTH</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRALEY, KAREN</b>	
STREET ADDRESS	<b>1815 PALMA SOLA BLVD.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TATMAN, WYNNE</b>	
STREET ADDRESS	<b>4202-24TH STREET SE</b>	
CITY-ST-ZIP	<b>RUSKIN FL 32570</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BLOCK, ROGER</b>	
STREET ADDRESS	<b>785 CAPRI BOULEVARD</b>	
CITY-ST-ZIP	<b>TREASURE ISLAND FL 33706</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ARDREN, MARTHA</b>	
STREET ADDRESS	<b>632 GOLDEN GATE POINT</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARAM, UZI</b>	
STREET ADDRESS	<b>4211 73RD TERRAE EAST</b>	
CITY-ST-ZIP	<b>SARASOTA FL 35243</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Doris Anderson</b>	
STREET ADDRESS	<b>1620 Park St. N.</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33710</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NICHOLAS D. ROBBINS</b>	
STREET ADDRESS	<b>3400 N. MUSEUM PT</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER, FL 34429</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

**Signature of Elizabeth Neily, Treasurer 2/26/03 727-539-5658**

CR2E037 (10/02)