

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13332

1. Entity Name

OKLEVUAHA BAND OF YAMASSEE SEMINOLE COX-OSCEOLA

Principal Place of Business

Mailing Address

P.O. BOX 521
NORMAN BUFORD (RUNNING BUCK)
ORANGE SPRINGS FL 32682

P.O. BOX 521
NORMAN BUFORD (RUNNING BUCK)
ORANGE SPRINGS FL 32182-0521

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90106 029 ****70.00



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

59-2659209

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PIERCE, DAN (BIG FOOT)
RT. 2, BOX 357
SILVER SPRINGS FL 32688

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUFORD, NORMAN (RUNNIN	
STREET ADDRESS	POB 521 COX/OSCEOLA IND N/A	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUFORD, ALLEN (LITTLE	
STREET ADDRESS	POB 521 COX/OSCEOLA IND N/A	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSCEOLA, JOE DAN	
STREET ADDRESS	5791 S. ST. RD. RT. 7	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DELONG, DEBRA	
STREET ADDRESS	21715 N.E. 130TH COURT ROAD	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DELONG, ROBERT	
STREET ADDRESS	POB 159 N/A	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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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 attached statement with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-00

Date

352-546-1386

Daytime Phone #

CR2E037 (9/99)