

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N13332

1. Entity Name

OKLEVUAHA BAND OF YAMASSEE SEMINOLE  
COX-OSCEOLA INDIAN RESERVATION, INC.

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 32682

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

59-2659209

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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  
Due By May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |                                 |                |                                 |                                   |
|----------------|-----------------------------|---------------------------------|----------------|---------------------------------|-----------------------------------|
| TITLE          | PD                          | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | BUFORD, NORMAN (RUNNIN      |                                 | NAME           | 111111110265440                 |                                   |
| STREET ADDRESS | POB 521 COX/OSCEOLA IND N/A |                                 | STREET ADDRESS | 04/02/05-80047-002 70.00        |                                   |
| CITY-ST-ZIP    | ORANGE SPRINGS FL           |                                 | CITY-ST-ZIP    |                                 |                                   |
| TITLE          | VD                          | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | BUFORD, ALLEN (LITTLE       |                                 | NAME           |                                 |                                   |
| STREET ADDRESS | POB 521 COX/OSCEOLA IND N/A |                                 | STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    | ORANGE SPRINGS FL           |                                 | CITY-ST-ZIP    |                                 |                                   |
| TITLE          | D                           | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | OSCEOLA, JOE DAN            |                                 | NAME           |                                 |                                   |
| STREET ADDRESS | 5791 S. ST. RD., RT. 7      |                                 | STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    | FT. LAUDERDALE FL           |                                 | CITY-ST-ZIP    |                                 |                                   |
| TITLE          | SD                          | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | BUFORD, CARIN               |                                 | NAME           |                                 |                                   |
| STREET ADDRESS | 21449 N.E. 130 COURT ROAD   |                                 | STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    | ORANGE SPRINGS FL 32182     |                                 | CITY-ST-ZIP    |                                 |                                   |
| TITLE          | DT                          | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | BUFFORD, DALPHINE           |                                 | NAME           |                                 |                                   |
| STREET ADDRESS | 21449 N.E. 130 COURT ROAD   |                                 | STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    | ORANGE SPRINGS FL 32182     |                                 | CITY-ST-ZIP    |                                 |                                   |
| TITLE          |                             | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                             |                                 | NAME           |                                 |                                   |
| STREET ADDRESS |                             |                                 | STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    |                             |                                 | 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:

NORMAN BUFORD

3-31-05

352-546-5525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Examine Phone #