

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90331 008 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # N31211

1. Entity Name

PENSACOLA FLORIDA TRIBE OF DOCKET 21-275 EASTERN CREEK INDIANS, INC.

Principal Place of Business

Mailing Address

% PAULINE J PHILLIPS PARKER
 3932 NORTH "P" STREET
 PENSACOLA FL 32505

% PAULINE J PHILLIPS PARKER
 3932 NORTH "P" STREET
 PENSACOLA FL 32505

2. Principal Place of Business

3. Mailing Address

PAULINE J. PHILLIPS PARKER
 Suite, Apt. #, etc.

PAULINE J. PHILLIPS PARKER
 Suite, Apt. #, etc.

7522 SUNSHINE HILL RD.
 City & State

7522 SUNSHINE HILL RD.
 City & State

MOLENO FL.

MOLENO, FL.

Zip
 32577

Country

Zip
 32577

Country

4. FEI Number

59-2980264

Applied For

Not Applicable

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

PARKER, PAULINE J. PHILLIPS
 3932 NORTH "P" STREET
 PENSACOLA FL 32505

Name

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

7522 SUNSHINE HILL RD.

City

MOLENO

FL

Zip Code

32577

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 PARKER, PAULINE J PHILLIP
 3932 NORTH "P" STREET
 PENSACOLA FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 SMILLIE, PATRICIA A.
 357 FARGO RD.
 CANTONMENT FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 STD
 DERIEMACKER, JOANN EALY
 8190 KIPLING RD.
 PENSACOLA FL ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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:

Pauline J. Phillips Parker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

Daytime Phone #

CR2E037 (9/01)