

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50297

1. Entity Name

THE CHOCTAWHATCHEE TRIBE OF THE LOWER MUSCOGEE C

Principal Place of Business

Mailing Address

1421 LONG ROAD  
DEFUNIAK SPRINGS FL 32433  
US

1421 LONG ROAD  
DEFUNIAK SPRINGS FL 32433-6208  
US

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

59-3173239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

RICHARDSON, ALVIN C  
1421 LONG ROAD  
DEFUNIAK SPRINGS FL 32433

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.

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 PCD ☐ Delete  
NAME RICHARDSON, ALVIN  
STREET ADDRESS 1421 LONG ROAD  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

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

TITLE VD ☐ Delete  
NAME WISE, LILA  
STREET ADDRESS 6879 DECEPTION RD  
CITY-ST-ZIP MILTON FL

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

TITLE TD ☐ Delete  
NAME RICHARDSON, JEMMY  
STREET ADDRESS 1421 LONG RD  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

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

TITLE D ☐ Delete  
NAME WISE, HENRY  
STREET ADDRESS 6879 DECEPTION RD  
CITY-ST-ZIP MILTON FL

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

TITLE D ☐ Delete  
NAME MATHIS, DAVID  
STREET ADDRESS 22165 HWY 331 N  
CITY-ST-ZIP LAUREL HILL FL 32567

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

TITLE SD ☐ Delete  
NAME VARNES, MARIE  
STREET ADDRESS 1403 N 57TH AVE  
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ Change ☐ 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:

*Alvin C. Richardson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alvin C. Richardson (850) 892-4649  
Date 3-14-00 Daytime Phone #

CR2E037 (9/99)