

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90503 012 \*\*\*\*61.25

**DOCUMENT # N50297**

1. Entity Name

**THE CHOCTAWHATCHEE TRIBE OF THE LOWER MUSCOGEE C  
REEK INDIANS OF FLORIDA, INC.**



Principal Place of Business

**1421 LONG ROAD  
DEFUNIAK SPRINGS FL 32433  
US**

Mailing Address

**1421 LONG ROAD  
DEFUNIAK SPRINGS FL 32433  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3173239**

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

**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. 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

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: PCD Richardson Jan 15-03 (450) 492-4649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

01-322