

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90099 034 \*\*\*\*61.25

**DOCUMENT # N93000001623**

1. Entity Name

**THE SONNY BILLIE FOUNDATION FOR NATIVE CULTURE S**

Principal Place of Business

HC 61, BOX 18A  
 CLEWISTON FL 33440

Mailing Address

HC 61, BOX 18A  
 CLEWISTON FL 33440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0403866**

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

**SILVER, THEODORE J**  
**9445 BIRD ROAD, 2ND FLOOR**  
**MIAMI FL 33165**

Name

**Theodore J. Silver**

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

**1570 Madruga Avenue, Suite 216**

City

**Coral Gables**

**FL**

Zip Code  
**33146**

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 ☐ Delete  
 NAME **DCP**  
 STREET ADDRESS **BILLE, SONNY**  
 CITY-ST-ZIP **STATE RD. BOX EAST 1400**  
**OCHOPEE FL 33943**

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

TITLE ☐ Delete  
 NAME **DV**  
 STREET ADDRESS **ROCKWELL, JEROME**  
 CITY-ST-ZIP **STATE RD. BOX WEST 8000**  
**OCHOPEE FL 33943**

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

TITLE ☐ Delete  
 NAME **DST**  
 STREET ADDRESS **FRANCESCHINI, PATRICIA**  
 CITY-ST-ZIP **6430 N.E. 21 RD.**  
**FT LAUDERDALE FL 33308**

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

TITLE ☐ Delete  
 NAME **DS**  
 STREET ADDRESS **TIGER, KAY**  
 CITY-ST-ZIP **STATE RD. BOX WEST 8000**  
**OCHOPEE FL 33943**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *SONNY BILLE* REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-31-01**

**(863) 983-0886**

Date

Daytime Phone #

CR2E037 (10/00)