

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 05, 2001 8:00 am**
Secretary of State

04-05-2001 90432 034 ****61.25

DOCUMENT # N93000003656

1. Entity Name

MICCOSUKEE AREA RURAL ALLIANCE, INC.

Principal Place of Business

**PO BOX 91075
MICCOSUKEE FL 32309**

Mailing Address

**PO BOX 91075
MICCOSUKEE FL 32309**

040217



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3222554

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TALTON, H D
ONE DOGWOOD ST
MONTICELLO FL 32344**

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.

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HARRIN, JACK	
STREET ADDRESS	15210 MAHAN DR.	
CITY-ST-ZIP	TALL FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	WESTAWAY, JO A	
STREET ADDRESS	RT 7 BOX 1081	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	D	<input type="checkbox"/> Delete
NAME	MACKINNON, RAMONA	
STREET ADDRESS	RT 7 BOX 948	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, MICHAEL	
STREET ADDRESS	RT 7 BOX 1070	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	D	<input type="checkbox"/> Delete
NAME	ORTIZ, PHIL	
STREET ADDRESS	BOX 16068 SUNRAY RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, JZAN H	
STREET ADDRESS	RT 7 BOX 905	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5400 VETERANS MEMORIAL DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

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:

SIGNATURE OF REGISTERED AGENT (JZAN H. JOHNSON)

Date

4/3/01

Daytime Phone #

893-2175

CR2E037 (10/00)