

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002738

1. Entity Name

THE NORTHWEST FLORIDA TRIBE OF MUSCOGEE CREEK IN

Principal Place of Business

Mailing Address

6944 COX ROAD
BASCOM FL 32423

6944 COX ROAD
BASCOM FL 32423-9406

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

59-3256226

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

HOOD, EARL
6944 COX ROAD
BASCOM FL 32423

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 ☐ Delete
NAME PD
STREET ADDRESS HOOD, EARL
CITY-ST-ZIP 6944 COX ROAD
BASCOM FL 32423

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS HOOD, CATHIE
CITY-ST-ZIP 504 FAIRVIEW STREET
OZARK AL 36360

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

TITLE ☒ Delete
NAME S
STREET ADDRESS GAINEY, DONNIE M
CITY-ST-ZIP P.O. BOX 183N/A
COTTONDALE FL

TITLE ☒ Change ☐ Addition
NAME S
STREET ADDRESS MICHAEL COVINGTON
CITY-ST-ZIP 117 W COOK ROAD
TAYLOR, AL 36301

TITLE ☐ Delete
NAME D
STREET ADDRESS REICHERT, LORY
CITY-ST-ZIP 117 W COOK RD
TAYLOR AL 36301

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

TITLE ☐ Delete
NAME T
STREET ADDRESS COULLETTE, BONNIE C
CITY-ST-ZIP 2082 CORBIN RD
COTTONDALE FL 32431

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WHITE, BELINDA D
CITY-ST-ZIP 4824 HWY22
PANAMA CITY FL 32404

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: *Earl Hood* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2000 850-592-4401

Date

Daytime Phone #

FILED
00 MAR 20 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)