

2002 UNIFORM BUSINESS REPORT (UBR)

0062599

DOCUMENT # N94000002738

1. Entity Name

CHOCTAWHATCHEE CREEK INDIAN NATION INC.

Principal Place of Business

Mailing Address

6944 COX ROAD
BASCOM FL 32423

6944 COX ROAD
BASCOM FL 32423

2. Principal Place of Business

7313 BIRCHWOOD ROAD

3. Mailing Address

7313 BIRCHWOOD ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GRAND RIDGE, FL.

City & State

GRAND RIDGE, FL.

4. FEI Number

59-3256226

Applied For

Not Applicable

Zip

32442-3761

Country

Zip

32442-3761

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

HOOD, EARL
6944 COX ROAD
BASCOM FL 32423

Name

HOOD, EARL

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

7313 BIRCHWOOD ROAD

City

GRAND RIDGE,

FL

Zip Code

32442-3761

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

Earl Hood
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/02

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7313 BIRCHWOOD ROAD
CITY-ST-ZIP GRAND RIDGE, FL. 32442

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS ROUTE 1, BOX 50 - A
CITY-ST-ZIP ARITON, AL. 36311

TITLE TD
NAME COULLIETTE, BONNIE ☐ Delete
STREET ADDRESS 2082 CORBIN ROAD
CITY-ST-ZIP COTTONDALE FL 32431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500005452145--0
CITY-ST-ZIP -05/06/02--01021--026
*****70.00 *****70.00

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

TITLE ☒ Change ☐ Addition
NAME SECRETARY
STREET ADDRESS PATRICIA A. NORDES
CITY-ST-ZIP 1270 SPIVEY ROAD
GRAND RIDGE, FL. 32442

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

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS JOHN DEATON
CITY-ST-ZIP 8110 HAWLEY STREET
SNEADS, FL. 32460

TITLE D
NAME WHITE, BELINDA D ☒ Delete
STREET ADDRESS 4824 HWY 22
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS WALTER H. HARRISON
CITY-ST-ZIP 7766 WOODLAWN DRIVE
SNEADS, FL. 32460

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 850)5924401
Date Daytime Phone #

CR2E037 (9/01)