

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004390

1. Entity Name

THE OCALI NATIONS INTERTRIBIAL INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90003 023 ****61.25

Principal Place of Business

Mailing Address

2255 N.E. 115TH AVE.
(PINEY PATH)
SILVER SPRINGS FL 34488
US

P.O. BOX 2316
SILVER SPRINGS FL 34483-2316

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

59-3313190

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

PALMER, SELMA REV
2255 N.W. 115TH AVE.
(PINEY PATH)
SILVER SPRINGS FL 34488

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	PDM	<input type="checkbox"/> Delete
NAME	PALMER, SELMA	
STREET ADDRESS	P.O. BOX 2316	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICHAEL, MASON	
STREET ADDRESS	P.O. BOX 1828	
CITY-ST-ZIP	SILVER SPRING FL 34489	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEE, GARY	
STREET ADDRESS	9108 RODNEY PARHAM, SUITE 201	
CITY-ST-ZIP	LITTLE ROCK AR	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRENNES, LEA	
STREET ADDRESS	10430 REED RD	
CITY-ST-ZIP	APYANDER AR 72002	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SAILOR, LORI	
STREET ADDRESS	3204 S.E. 35 STREET	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARRETT, LINDA	
STREET ADDRESS	3204 S.E. 35 ST	
CITY-ST-ZIP	OCALA FL 34476	

TITLE	DCM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHERINE COX	
STREET ADDRESS	2255 NE 115TH AVE	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488	
TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELS GUILERUD	
STREET ADDRESS	P.O. 364	
CITY-ST-ZIP	TERRA CEIA, IS 34250	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESLIE BECK	
STREET ADDRESS	211 N.W. 19TH LANE	
CITY-ST-ZIP	GAINESVILLE, FL	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICK POREA	
STREET ADDRESS	10557 REED ROAD	
CITY-ST-ZIP	ALEXANDER, AR 72002	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLAND EIK WOODS	
STREET ADDRESS	37333 HWY 19	
CITY-ST-ZIP	UMATILLA, FL 32784	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARYN HIPP	
STREET ADDRESS	1004 82ND ST. N.W.	
CITY-ST-ZIP	BRADENTON, FL 34209	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)