

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

04-23-2001 90201 031 ****61.25

DOCUMENT # N94000004390

1. Entity Name

THE OCALI NATIONS INTERTRIBIAL INC.

Principal Place of Business

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

Mailing Address

**P.O. BOX 2316
SILVER SPRINGS FL 34489**

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
After September 12, 2001, min. will be \$236.25**

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 **DCM** ☐ Delete
NAME **COX, KATHERINE**
STREET ADDRESS **2255 NE 115 AVENUE**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **D** ☐ Change ☒ Addition
NAME **MELANIE LOVE**
STREET ADDRESS **P.O. BOX 2316**
CITY-ST-ZIP **Silver Springs FL 34489**

TITLE **D** ☐ Delete
NAME **MICHAEL, MASON**
STREET ADDRESS **P.O. BOX 1828**
CITY-ST-ZIP **SILVER SPRING FL 34489**

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

TITLE **SD** ☒ Delete
NAME **BECK, LESLIE**
STREET ADDRESS **211 NW 19th AVE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **PM** ☐ Change ☒ Addition
NAME **PALMER, Selma**
STREET ADDRESS **2255 NE 115th AVE**
CITY-ST-ZIP **Silver Springs FL 34488**

TITLE **VD** ☐ Delete
NAME **POREA, RICK**
STREET ADDRESS **10557 REED ROAD**
CITY-ST-ZIP **APYANDER AR 72002**

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

TITLE **D** ☐ Delete
NAME **WOODS, ROLAND E**
STREET ADDRESS **37333 HWY 19**
CITY-ST-ZIP **UMATILLA FL 32784**

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

TITLE **D** ☐ Delete
NAME **HIPP, CARYN**
STREET ADDRESS **1004 82 STREET N.W.**
CITY-ST-ZIP **BRADENTON FL 34209**

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:

Selma Palmer

09/02/01

352(625-2764)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)