

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 03, 2002 8:00 am
Secretary of State

10-03-2002 90051 014 ****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

2255 NE 115th AVE

3. Mailing Address

PO BOX 2316

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SILVER SPRINGS FL

City & State

SILVER SPRINGS FL

Zip

Country US

Zip

Country US

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

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

7. Name and Address of New Registered Agent

Name

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

NO change

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rev. Selma Palmer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

TITLE	DCM	<input checked="" type="checkbox"/> Delete
NAME	COX, KATHERINE	
STREET ADDRESS	2255 NE 115 AVENUE	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MICHAEL, MASON	
STREET ADDRESS	P.O. BOX 1828	
CITY-ST-ZIP	SILVER SPRING FL 34489	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOVE, MELANIE	
STREET ADDRESS	P.O. BOX 2316	
CITY-ST-ZIP	SILVER SPRINGS FL 34489	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	POREA, RICK	
STREET ADDRESS	10557 REED ROAD	
CITY-ST-ZIP	APYANDER AR 72002	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODS, ROLAND E	
STREET ADDRESS	37333 HWY 19	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HIPP, CARYN	
STREET ADDRESS	1004 82 STREET N.W.	
CITY-ST-ZIP	BRADENTON FL 34209	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PALMER Selma	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2255 NE 115th AVE.	
STREET ADDRESS	SILVER SPRINGS, FL 34488	
CITY-ST-ZIP		
TITLE	DCM	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX KATHERINE	
STREET ADDRESS	2255 N.E. 115th AVE	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	DCM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY LANG	
STREET ADDRESS	1283 PROVIDENCE Rd	
CITY-ST-ZIP	Whigham, GA 31797	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAILOR, LORI	
STREET ADDRESS	3404 S.E. 35th ST	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda BARRETT	
STREET ADDRESS	1310 SE 37th AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	MARY SMILEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1122 15th CIRCLE LANE	
STREET ADDRESS	FAYETTEVILLE, ARK 72717	
CITY-ST-ZIP		

CR2E037 (4/02)

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:

Rev. Selma Palmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sept. 11, 2002 (352-6252764)



Attachment

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 19, 2002

THE OCALI NATIONS INTERTRIBIAL INC.
P.O. BOX 2316
SILVER SPRINGS, FL 34489

Subject: **THE OCALI NATIONS INTERTRIBIAL INC.**

Reference Number: **N94000004390**

6078938

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA
32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the
Division of Corporations at (850) 488-9000.

/JN
ANNUAL REPORTS SECTION