

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000294

1. Entity Name

NATIVE AMERICAN CULTURAL SOCIETY OF FLORIDA, INC

Principal Place of Business

10100 C. R. 44 EAST
LEESBURG FL 34788

Mailing Address

10100 C. R. 44 EAST
LEESBURG FL 34788

2. Principal Place of Business

10121 C.R. 44 EAST

Mailing Address

P.O. Box 350699

Suite, Apt. #, etc.

Leesburg

Suite, Apt. #, etc.

Grand Island

City & State

Florida

City & State

Florida

Zip

34788

Country

LAKE

Zip

32735

Country

LAKE

4. FEI Number

59-3284500

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

TAYLOR, ELMER M

10100 C.R. 44 EAST
LEESBURG FL 34788

10121 C.R. 44 EAST

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

Elmer m Taylor

1 Feb 2000

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 D ☐ Delete
NAME WALLACE, JOHN
STREET ADDRESS P O BOX 302 N/A
CITY-ST-ZIP ALTOONA FL

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

TITLE PD ☐ Delete
NAME TAYLOR, ELMER M
STREET ADDRESS 10100 CR 44 EAST
CITY-ST-ZIP LEESBURG FL

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

TITLE SDM ☐ Delete
NAME TAYLOR, SHERRY A
STREET ADDRESS 10100 S R 44 EAST
CITY-ST-ZIP LEESBURG FL 34788

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

TITLE D ☐ Delete
NAME LIPPS, THOMAS E
STREET ADDRESS 699 N. HWY. 301
CITY-ST-ZIP SUMTERVILLE FL 34788

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

TITLE TD ☐ Delete
NAME TRIPP, BRENDA W
STREET ADDRESS 10100 C.R. 44 EAST
CITY-ST-ZIP LEESBURG FL 34788

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Elmer m Taylor

1 Feb 2000

352-326-9294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)