

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000000294**

1. Entity Name

NATIVE AMERICAN CULTURAL SOCIETY OF FLORIDA, INC**FILED****May 28, 2002 8:00 am**
Secretary of State

05-28-2002 91692 018 ****61.25

Principal Place of Business

Mailing Address

**10121 C.R. 44 EAST
LEESBURG FL 34788****P.O. BOX 350699
GRAND ISLAND FL 32735**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3284500

Applied For

Not Applicable

Zip

Country

Zip

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

**TAYLOR, ELMER M
10121 C.R. 44 EAST
LEESBURG FL 34788**

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 \$61.259. 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-ZIPTITLE **PD** ☐ Delete
NAME **TAYLOR, ELMER M**
STREET ADDRESS **10121 CR 44 EAST**
CITY-ST-ZIP **LEESBURG FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SDM** ☐ Delete
NAME **TAYLOR, SHERRY A**
STREET ADDRESS **10121 CR 44 EAST**
CITY-ST-ZIP **LEESBURG FL 34788**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **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-ZIPTITLE **TD** ☐ Delete
NAME **TRIPP, BRENDA W**
STREET ADDRESS **10121 CR 44 EAST**
CITY-ST-ZIP **LEESBURG FL 34788**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**29-apr-02**
Date**352-326-9294**
Daytime Phone #

CR2E037 (9/01)