2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500004160

DOCUMENT # N9500004160 1. Entity Name						FILED Feb 05, 2000 8:00 am Secretary of State			
UNITED I	NATIVE: A	MERICANS OF CEN	TRAL FLORIDA, INC	•			ecretary 01 2-05-2000 90001 037		•
Principal Place	e of Busines	s	Mailing Address						
P.O. BOX 950305 LAKE MARY FL 32795-0305 US			P.O. BOX 950305 LAKE MARY FL 32795-0305 US			 			1611 SB 14 1 SB 4
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.			ĺ	DO NOT WRITE IN TH	IS SPACE	
City & State			City & State		-	4. FEI Numbe	⁹ 59-3333530		oplied For
Zip		Country	Zip	Country		5 .⇒Certificate	of Status Desired	\$8.75 Ad Fee Require	
	6. Name	and Address of Current R	egistered Agent	Name		7. Name and	Address of New Registere	d Agent	
Lodge, de		PKWY					er is Not Acceptable)		_
UNIT 267 ALTAMONTE SPRINGS FL 32714				City				Zip Coo	le
Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25			9. Election Campaign Financing \$5.			5.00 May Be Make Check Payable to Department of State			
10.		OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CH	ANGES TO OFFICERS AND	DIRECTORS IN	l 10
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	F	?/S/D		∑ Change	Additio
TITLE NAME STREET ADDRESS.	PD RICHARD 1912 RUS	HATCHER SOBER COURT	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[/D	· Ja Janes (Jagos Joseph San)	☐X Change	☐ Additio
TITLE NAME STREET ADDRESS			⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 5	Maryanna 504 Geor	a Christy rge Street Springs, FL 3	·	 ∵ ⊠ Additio
TITLE NAME STREET ADDRESS	D TANNER, 621 DORY		∑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	F 5) Ron Kirk 5090 Pal	-	☐ Change	⊠ Additio
NAME STREET ADDRESS	SD Delete TI MCGINNIS, PAT N. 525 S CONWAY RD, UNIT 146			TITLE NAME STREET ADDRESS CITY-ST-ZIP	F S	D □ Change 🖺 Additio Ralph Schaeffler 1331 Julio Lane Orlando, FL 32807			
NAME STREET ADDRESS		HRIS CHMAN'S DR #2 FL 32812	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Additio

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 office like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR