

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90111 041 ****61.25

DOCUMENT # N95000004160

1. Entity Name

UNITED NATIVE AMERICANS OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 540395
ORLANDO FL 32854-0395
US

P.O. BOX 540395
ORLANDO FL 32854-0395
US

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

59-3333530

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

LODGE, DEBORAH
665 YOUNGSTOWN PKWY
UNIT 267
ALTAMONTE SPRINGS FL 32714

Name
Richard H Hatcher
Street Address (P.O. Box Number is Not Acceptable)
4243 SETTLERS CT
City
ST. CLOUD FL Zip Code
34772

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

R H Hatcher

Richard H Hatcher

4-9-02

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 PD ☒ Delete
NAME LODGE, DEBORAH
STREET ADDRESS 665 YOUNGSTOWN PKWY, UNIT 267
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE VPD ☐ Change ☒ Addition
NAME ~~JAY~~ LAUGHLIN, JAY
STREET ADDRESS 850 MAURY Rd
CITY-ST-ZIP ORLANDO FL 328

TITLE VPD ☐ Delete
NAME RICHARD HATCHER
STREET ADDRESS 1912 RUSSOBER COURT
CITY-ST-ZIP ORLANDO FL 32826

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS 4243 SETTLERS CT
CITY-ST-ZIP ST CLOUD FL 34772

TITLE D ☒ Delete
NAME CHRISTY, MARYANNA
STREET ADDRESS 504 GEORGE STREET
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Change ☒ Addition
NAME BUG-H, GALLY
STREET ADDRESS 3305 PALM WAY
CITY-ST-ZIP SANFORD FL 32773

TITLE D ☒ Delete
NAME CHRISTY, LYLE
STREET ADDRESS 504 GEORGE STREET
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Change ☒ Addition
NAME BUG-H, GARY
STREET ADDRESS 3305 PALM WAY
CITY-ST-ZIP SANFORD FL 32773

TITLE D ☒ Delete
NAME CHANCE, BILL
STREET ADDRESS 1352 E LOMBARDY DRIVE
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ Change ☒ Addition
NAME ~~RAY~~ MCGINNIS, PAT
STREET ADDRESS 525 S. CONWAY RD #146
CITY-ST-ZIP ORLANDO FL 32807

TITLE SD ☒ Delete
NAME SHENK, CHRIS
STREET ADDRESS 4800 COACHMAN'S DR #2
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Change ☒ Addition
NAME KRATZ, MARLENE
STREET ADDRESS 705 E AMELIA ST
CITY-ST-ZIP ORLANDO FL 32803

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

R H Hatcher President

4-14-02

407-892-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)