

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91012 025 *****61.25

DOCUMENT # N95000004160

1. Entity Name

UNITED NATIVE AMERICANS OF CENTRAL FLORIDA, INC.



Principal Place of Business

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

Mailing Address

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HATCHER, RICHARD H
4243 SETTLERS CT
SAINT CLOUD FL 34772

7. Name and Address of New Registered Agent

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

SIGNATURE

Richard H. Hatcher

4-1-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VPD** ☒ Delete
NAME **LAUGHLIN, JAY**
STREET ADDRESS **850 MAURY RD**
CITY-ST-ZIP **ORLANDO FL 328**

TITLE **PD** ☐ Delete
NAME **RICHARD HATCHER**
STREET ADDRESS **4243 SETTLERS CT**
CITY-ST-ZIP **SAINT CLOUD FL-34772**

TITLE **D** ☒ Delete
NAME **PUGH, SALLY**
STREET ADDRESS **3305 PALM WAY**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **P** ☒ Delete
NAME **PUGH, GARY**
STREET ADDRESS **3305 PALM WAY**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **D** ☐ Delete
NAME **MCGHUNIS, PAT**
STREET ADDRESS **525 S. CONWAY RD #146**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **D** ☒ Delete
NAME **KRATZ, MARLENE**
STREET ADDRESS **705 E AMELIA ST**
CITY-ST-ZIP **ORLANDO FL 32803**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Erick McFarlane** ☒ Change ☒ Addition
NAME
STREET ADDRESS **219 London Drive**
CITY-ST-ZIP **Palm Coast, FL. 32137**

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

TITLE **Pat McGinnis** ☒ Change ☒ Addition
NAME
STREET ADDRESS **2125 Tumeric Avenue**
CITY-ST-ZIP **Orlando, FL. 32837**

TITLE **Cindy Hatcher** ☒ Change ☒ Addition
NAME
STREET ADDRESS **4243 Settlers Ct**
CITY-ST-ZIP **St. Cloud, FL 34772**

TITLE **Debbie Lodge** ☒ Change ☒ Addition
NAME
STREET ADDRESS **665 Youngstown Pkwy #267**
CITY-ST-ZIP **Altamonte Springs, FL. 32714**

TITLE **Patty Mack McGinnis** ☒ Change ☒ Addition
NAME
STREET ADDRESS **3961 Rambler Avenue**
CITY-ST-ZIP **St. Cloud, FL. 34772**

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: **Richard H Hatcher**

4-1-03

CR2E037 (10/02)