

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004815

1. Entity Name

THE AMERICAN INDIAN FEDERATION INC.

Principal Place of Business

3434 E. 7TH STREET
PANAMA CITY FL 32401

Mailing Address

3434 E. 7TH STREET
PANAMA CITY FL 32401

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

59-3470292

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

MCCORMICK, JAMES C
3434 E. 7TH STREET
PANAMA CITY FL 32401

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

JAMES C. MCCORMICK

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-01

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	CEO	<input type="checkbox"/> Delete
NAME	MCCORMICK, JAMES C	
STREET ADDRESS	3434 E. 7TH STREET	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCORMICK, CLINT J	
STREET ADDRESS	3434 E. 7TH STREET	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, TAMMY	
STREET ADDRESS	RT. 1 BOX 52	
CITY-ST-ZIP	BONIFAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOTORY, NORMAN	
STREET ADDRESS	522 N. GAY AVE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORMICK, VESTER L	
STREET ADDRESS	RT 1 BOX 280	
CITY-ST-ZIP	ANTHA FL ← (AITHA 71)	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 687, 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: JAMES C. MCCORMICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-01 850-763-1924

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90009 039 ****61.25

C0006561



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)