

2000 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-18-2000 90340 022 ****61.25

DOCUMENT # N98000002049

1. Entity Name
CENTRAL FLORIDA NATIVE AMERICANS, INC.
Non Profit Organization

Principal Place of Business Mailing Address
 PO BOX 1536 PO BOX 1536
 BUSHNELL FL 33513-1536 BUSHNELL FL 33513-1536

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number *[Redacted]* Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OXENDINE, HOWARD W
2022 SW 97TH AVENUE
BUSHNELL FL 33513

7. Name and Address of New Registered Agent

Name *Oxendine Howard W.*
 Street Address (P.O. Box Number is Not Acceptable) *5904-CR-551A P.O. Box 715*
 City *Bushnell* FL Zip Code *33513*

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 *Howard W Oxendine* DATE *4-28-2000*

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 NAME STREET ADDRESS CITY-ST-ZIP	CD OXENDINE, HOWARD W 2022 SW 97TH AVE, PO BOX 2046 BUSHNELL FL 33513-2046 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Oxendine Howard W.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5904-CR-551A P.O. Box 715</i> <i>Bushnell Fla. 33513</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OXENDINE, H B 2022 SW 97TH AVE. BUSHNELL FL 33513-2046 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Oxendine J.W.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>8432 Kocher Rd</i> <i>Brooksville Fla 34601</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OXENDINE, DELLA 2022 SW 97TH AVE BUSHNELL FL 33513-2046 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Garcia Patricia</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>PO Box 1616</i> <i>Bushnell Fla. 33513</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOK, KAREN S 9607 SW 20TH WAY BUSHNELL FL 33513 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Hayes Mary</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2935 CR 756A</i> <i>Webster Fla. 33597</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, KEN 9607 SW 20TH WAY BUSHNELL FL 33513 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Gibson Mike</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>P.O. Box 174</i> <i>Bushnell Fla. 33513</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, WARREN D 2935 CR 756A WEBSTER FL 33597 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Hayes Warren D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2935 CR 756A</i> <i>Webster Fla 33513</i>

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: *Howard W Oxendine* DATE *4-28-2000* DAYTIME PHONE # *0256 569*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (9/99)