

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000002653****1. Entity Name****FUGARWEE INDIANS, INC.****Principal Place of Business**

39650 U.S. 19 NORTH #331

TARPON SPRINGS
34689

FL

Mailing Address

39650 U.S. 19 NORTH #331

TARPON SPRINGS
34689

FL

2. Principal Place of Business

5957 RIVIERA LANE

3. Mailing Address

5957 RIVIERA LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY

FL

City & State

NEW PORT RICHEY

FL

Zip

34655

Country**Zip**

34655

Country**4. FEI Number****59-3514081****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MILLER WILLIAM A**
39650 U.S. 19 NORTH #331TARPON SPRINGS
34689

FL

7. Name and Address of New Registered Agent**Name****MITCHELL JAMES S****Street Address (P.O. Box Number is Not Acceptable)**
5957 RIVIERA LANE**City**

NEW PORT RICHEY

FL**Zip Code**
34655**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 SANDY MITCHELL****04/15/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	MCNEIL FRANK M	
STREET ADDRESS	515 DAVENTY SQ.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIDS ROBERT A	
STREET ADDRESS	3299 TANGLEWOOD TRAIL	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	ETHERIDGE JASPER R	
STREET ADDRESS	6257 TULIP DR.	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MILLER WILLIAM A	
STREET ADDRESS	39650 U.S. 19 NORTH #331	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MITCHELL SANDY	
STREET ADDRESS	5957 RIVIERA LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PLYMIRE HARRY	
STREET ADDRESS	6537 HARBOR DR.	
CITY-ST-ZIP	HUDSON FL 34667	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sandy Mitchell****DV****04/15/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

SANDY MITCHELL DV/DS
5957 RIVIERA LANE

NEW PORT RICHEY, FL, 34655