

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90077 029 ****61.25

DOCUMENT # N98000002653

1. Entity Name

FUGARWEE INDIANS, INC.

Principal Place of Business

5957 RIVIERA LANE
NEW PORT RICHEY FL 34655

Mailing Address

5957 RIVIERA LANE
NEW PORT RICHEY FL 34655

2. Principal Place of Business

17133 GOLF VISTA CT.

3. Mailing Address

17133 GOLF VISTA CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ODESSA FLORIDA

City & State

ODESSA FLORIDA

4. FEI Number

59-3514081

Applied For

Not Applicable

Zip

33556

Country

HILLSBOUGH

Zip

33556

Country

HILLSBOUGH

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JAMES S
5957 RIVIERA LANE
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name

MORRIS STINEBRING

Street Address (P.O. Box Number is Not Acceptable)

17133 GOLF VISTA CT.

City

ODESSA, FL.

FL

Zip Code

33556

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

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

TITLE DP
NAME PLYMIRE, HARRY
STREET ADDRESS 6537 HARBOR DR.
CITY-ST-ZIP HUDSON FL 34667 ☐ Delete

TITLE DV
NAME MITCHELL, SANDY
STREET ADDRESS 5957 RIVIERA LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☒ Delete

TITLE DST
NAME MILLER, WILLIAM A
STREET ADDRESS 39650 U.S. 19 NORTH #331
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☒ Delete

TITLE D
NAME ETHERIDGE, JASPER R
STREET ADDRESS 6257 TULIP DR.
CITY-ST-ZIP WESLEY CHAPEL FL 33544 ☐ Delete

TITLE D
NAME DAVIDS, ROBERT A
STREET ADDRESS 3299 TANGLEWOOD TRAIL
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

TITLE D
NAME MCNEIL, FRANK M
STREET ADDRESS 515 DAVENTY SQ.
CITY-ST-ZIP PALM HARBOR FL 34683 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DV
NAME JIM BEASLEY
STREET ADDRESS 17131 TARGET WAY
CITY-ST-ZIP ODESSA FL. 33556 ☒ Change ☐ Addition

TITLE DST
NAME HENRY ROBERTSON
STREET ADDRESS 12411 SLOW PULL LN.
CITY-ST-ZIP ODESSA FL. 33556 ☒ Change ☐ Addition

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

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

TITLE D
NAME BENNIS FOURCUREAN
STREET ADDRESS 8920 S. MOBLEY RD.
CITY-ST-ZIP TAMPA FL. 33626 ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-926-6806

4/2/02

813-340-8018

CR2E037 (9/01)