

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90392 012 ****61.25

DOCUMENT # N98000002653

1. Entity Name

FUGARWEE INDIANS, INC.



Principal Place of Business

17133 GOLF VISTA CT.
ODESSA FL 33556

Mailing Address

17133 GOLF VISTA CT.
ODESSA FL 33556

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3514081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STINEBRING, MORRIS
17133 GOLF VISTA CT.
ODESSA FL 33556

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

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
Due By May 1, 2004

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 DP ☐ Delete
NAME MILLER, BILL
STREET ADDRESS 39650 US 19TH NORTH #331
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE DV ☐ Delete
NAME BEASLEY, JIM
STREET ADDRESS 17121 TARGET WAY
CITY-ST-ZIP ODESSA FL 33556

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

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

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

TITLE D ☐ Delete
NAME FOURAUREAN, DENNIS
STREET ADDRESS 8920 S. MOBLEY RD.
CITY-ST-ZIP TAMPA FL 33626

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 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: MORRIS STINEBRING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2004
Date

813-340-8018
Daytime Phone #