

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 08:00 AM
Secretary of State

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STINEBRING, MORRIS 17133 GOLF VISTA CT. ODESSA FL 33556				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, BILL		NAME		
STREET ADDRESS	39650 US 19TH NORTH #331		STREET ADDRESS		
CITY- ST- ZIP	TARPON SPRINGS FL 34689		CITY- ST- ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEASLEY, JIM		NAME		
STREET ADDRESS	17121 TARGET WAY		STREET ADDRESS		
CITY- ST- ZIP	ODESSA FL 33556		CITY- ST- ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTSON, HENRY		NAME		
STREET ADDRESS	12411 SLOW PULL LN.		STREET ADDRESS		
CITY- ST- ZIP	ODESSA FL 33556		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ETHERIDGE, JASPER R		NAME		
STREET ADDRESS	6257 TULIP DR.		STREET ADDRESS		
CITY- ST- ZIP	WESLEY CHAPEL FL 33544		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIDS, ROBERT A		NAME		
STREET ADDRESS	3299 TANGLEWOOD TRAIL		STREET ADDRESS		
CITY- ST- ZIP	PALM HARBOR FL 34683		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOURAUREAN, DENNIS		NAME		
STREET ADDRESS	8920 S. MOBLEY RD.		STREET ADDRESS		
CITY- ST- ZIP	TAMPA FL 33626		CITY- ST- ZIP		



1st MOORE

CR2E037 (10/04)

4. FEI Number
59-3514081

Applied For
Not Applicable

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

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, 2005**

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

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CITY- ST- ZIP	TAMPA FL 33626	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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CITY- ST- ZIP		
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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 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

3/1/2005

Date

813-340-8018

Daytime Phone #