

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003136

1. Entity Name

SOUTHERN BAND OF THE CHEROKEES, INC.

**FILED**  
May 31, 2000 8:00 am  
Secretary of State

05-31-2000 90094 036 \*\*\*\*61.25

Principal Place of Business Mailing Address  
10806 JOHNSON BLVD. 2945 2nd COURT 10806 JOHNSON BLVD. 2945 2nd COURT  
YOUNGSTOWN FL 32466 DELAND YOUNGSTOWN FL 32466 DELAND  
FL 32794 FL 32794

2. Principal Place of Business 2945 2nd COURT  
Suite, Apt. #, etc.  
3. Mailing Address P.O. Box 4586  
Suite, Apt. #, etc.

City & State DELAND, FL City & State DELAND, FL  
Zip 32794 Country 32794-4586 Country

4. FEI Number 59-3582830 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  
JACKSON, TOMMY  
10806 JOHNSON BLVD. 2945 2nd COURT  
YOUNGSTOWN FL 32466 DELAND, FL 32794

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.

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 D CHIEF ☐ Delete  
NAME JACKSON, TOMMY  
STREET ADDRESS 10806 JOHNSON BLVD. 2945 2nd COURT  
CITY-ST-ZIP YOUNGSTOWN FL 32466 DELAND, FL 32794  
TITLE D ☒ Delete  
NAME SAULS, LAURIE  
STREET ADDRESS 2294 SANDY CREEK ROAD  
CITY-ST-ZIP COMMERCE GA 30530  
TITLE D ☒ Delete  
NAME O'LOUHN, JAMES  
STREET ADDRESS 1763 MIDD EATON ROAD  
CITY-ST-ZIP MIDDLETOWN OH 45042  
TITLE ASST CHIEF ☐ Delete  
NAME BRIAN WILKES  
STREET ADDRESS 18-09 OAKWOOD VILLAGE  
CITY-ST-ZIP FLANDERS, NJ 07836  
TITLE TREASURER ☐ Delete  
NAME DEAN E ERICSON  
STREET ADDRESS 15010 GILES RD #103  
CITY-ST-ZIP OMAHA, NE 68138  
TITLE SECRETARY ☐ Delete  
NAME GAIL A. BARBERSTOCK  
STREET ADDRESS 15010 GILES RD #205  
CITY-ST-ZIP OMAHA, NE 68138

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE DIRECTOR ☐ Change ☒ Addition  
NAME MARTHA VAGABLI ERICSON  
STREET ADDRESS 15010 GILES RD #103  
CITY-ST-ZIP OMAHA, NE 68138  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ 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)(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: DEAN E. ERICSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
TREASURER 5/11/2000 402-895-9736  
Date Daytime Phone #

CR2E037 (9/99)