

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90002 032 \*\*\*\*61.25

**DOCUMENT # N99000003136**

1. Entity Name

**SOUTHERN BAND OF THE CHEROKEES, INC.**



Principal Place of Business

**2945 2ND COURT  
 DELAND FL 32724**

Mailing Address

**P. O. BOX 4586  
 DELAND FL 32721-4586**

2. Principal Place of Business

**10806 JOHNSON BLVD**

3. Mailing Address

**10806 JOHNSON BLVD**

Suite, Apt. #, etc.

**YOUNGSTOWN, FL**

Suite, Apt. #, etc.

**YOUNGSTOWN, FL**

City & State

City & State

4. FEI Number

**59-3582830**

Applied For

Not Applicable

Zip

**32466**

Country

Zip

**32466**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, TOMMY  
 2945 2ND COURT  
 DELAND FL 32724**

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

*Dean E Erickson, Treas*

*9/6/2001*

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  
 After September 12, 2001, min. will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JACKSON, TOMMY 2945 2ND COURT DELAND FL 32724	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC WILKES, BRIAN 18-09 OAKWOOD VILLAGE FLANDERS NJ 07836	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ERICKSON, DEAN E 15010 GILES ROAD, #103 OMAHA NE 68138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARGERSTOCK, GAIL A 15010 GILES ROAD, #205 OMAHA NE 68138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERICKSON, MARTHA V 15010 GILES ROAD #103 OMAHA NE 68138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	10806 JOHNSON BLVD YOUNGSTOWN, FL 32466	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Dean E Erickson, Treas*

*9/6/2001*

*402-895-9736*

CR2E037 (5/01)