

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90087 008 \*\*\*\*70.00

DOCUMENT # N99000003177

1. Entity Name

SOVEREIGN NATIONS CULTURAL PRESERVATION CENTER, INC.

Principal Place of Business

Mailing Address

134 PADDINGTON ROAD  
VENICE FL 34293-4116

PO BOX 2124  
VENICE FL 34285

2. Principal Place of Business

3. Mailing Address

3220 MAPLE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FOND DU LAC RESERVATION

City & State

City & State

CLOQUET MN.

4. FEI Number

59-3567690

Applied For

Not Applicable

Zip

Country

Zip

55720

Country

USA

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

DIAMOND, MARC  
134 PADDINGTON ROAD  
VENICE FL 34293-4116

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DIAMOND, MARC	
STREET ADDRESS	134 PADDINGTON RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SILLMAN, GINA	
STREET ADDRESS	134 PADDINGTON ROAD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SACCACIO, FRANK	
STREET ADDRESS	236 SHARRON DR	
CITY-ST-ZIP	ALTMONT SPRINGS FL 32710	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TARASHUK, JOHN	
STREET ADDRESS	166 VENICE E BLVD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOB M. LINN	
STREET ADDRESS	4080 31 AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713-2218	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIM NAGANUB	
STREET ADDRESS	3220 MAPLE DR	
CITY-ST-ZIP	CLOQUET MN 55720	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES NAGANUB	
STREET ADDRESS	2294 MAPLE DR	
CITY-ST-ZIP	CLOQUET MN 55720	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWIN G. DIAMOND	
STREET ADDRESS	202 BEDFORD ST	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EASTON NAGANUB	
STREET ADDRESS	P.O. Box 44	
CITY-ST-ZIP	SANDY MN 55720	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BODIE WARD	
STREET ADDRESS	10 MEMORY LN.	
CITY-ST-ZIP	ARDEN NC 28704	

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 information empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-02

CR2E037 (9/01)