

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003344

1. Entity Name

AMERICAN INDIAN CULTURAL SUPPORT, INC.

Principal Place of Business

P.O. BOX 1783
LUTZ FL 33548

Mailing Address

P.O. BOX 1783
LUTZ FL 33548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3596556

Applied For
Not Applicable

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

WICKS, RICHARD
17908 PEPPER TREE LANE
LUTZ FL 33549

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 ☐ Delete
NAME WICKS, RICHARD
STREET ADDRESS 17908 PEPPER TREE LANE
CITY-ST-ZIP LUTZ FL 33549

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

TITLE D ☐ Delete
NAME MORNING STAR, KATHY
STREET ADDRESS 409 JOPPA FARM RD.
CITY-ST-ZIP JOPPS MD 21085

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

TITLE ☒ Delete
NAME HOLDER, TINA
STREET ADDRESS 140 E. HAMPTON AVE
CITY-ST-ZIP MESA AZ 85210

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS BIAH YAZZIE SEMINOLE
CITY-ST-ZIP 736 HILLTOP NORTH
VIRGINIA BEACH, VA 23451

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME PRISONER I. ALISON
STREET ADDRESS SKY DAVIS
CITY-ST-ZIP 132 STRONG ST.
EAST HAMPTON, MA 01027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Richard Wicks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-2002 (813) 949-4912

Date

Daytime Phone #

CR24037 (9/01)