2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900003950 1. Entity Name					Jul 10, 2001 8:00 am Secretary of State			
AMÉRICAN INDIAN RIGHTS OF FLORIDA, INC.					07-10-2001 90121 04		C	
Principal Place of Business Mailing Address 37731 FLORIDA AVENUE 7218 5TH AVENUE NORTH DADE CITY FL 33525 ST. PETERSBURG FL 33710					หมาเกาจา	J		
2. Principal Place of Business 72.8 5th Gue North Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
ST teknoons, FI		City & State			59-3679054	No	oplied For ot Applicable	
33	110 05A	Zip	Country		of Status Desired	\$8.75 Add		
377	6. Name and Address of Current R LA TORRE, CONRADO 31 FLORIDA AVENUE DE CITY FL 33525	7. Name and Address of New Registered Agent Name CONNE GOVE Street Address (P.O. Box Number is Not Acceptable) ST PC+C(Sbv(G) City FL Zip Code 33710						
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 titled applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW: 9. Election Campaign Finance FEE IS \$61.25 Trust Fund Contribution.			ion.	\$5:00 May Be Added to Fees	Departme	k Payable to ent of State		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA TORRE, CONRADO 37731 FLORIDA AVENUE DADE CITY FL 33525	ECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pakon Mic Fakon Mic 12233 Pasi Speinkhill	anges: TO OFFICERS AND Chael Jr Trail Blud FI 346	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, BEVERLY 7210 N. MANHATTAN AVENUE, / TAMPA FL 33614	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALCON, MICHAEL 12233 PASCO TRAIL'S BLVD. SPRINGHILL FL 34610	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOING, CONNIE 7218 5TH AVENUE NORTH ST. PETERSBURG FL 33710	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUEGER, SUSAN P.O. BOC 270592 TAMPA FL 33688	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
12. I hereby certify that the information supplied with this filling 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 another like empowered. SIGNATURE:								
SIGNATURE: SUMMING AND TORRORD PROMETER AND TORRORD								