

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N99000003950

1. Entity Name

AMERICAN INDIAN RIGHTS OF FLORIDA, INC.

FILED

02 JUL 17 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7218 5th AVENUE NO.

Suite, Apt. #, etc.

3. Mailing Address

7218 5th AVENUE NO.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SAINT PETERSBURG, FL.

City & State

SAINT PETERSBURG, FL.

4. FEI Number

593679054

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GOING, CONNIE

Street Address (P.O. Box Number is Not Acceptable)

7218 5th AVENUE NORTH

City

SAINT PETERSBURG

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

Connie Going

Signature, typed or printed name of registered agent and job if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/16/2002

DATE

FEE IS \$61.25
Initial or Amended UBR

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	FALCON, MICHAEL (D)
NAME	12233 PASCO TRAIL BLVD
STREET ADDRESS	SPRING HILL, FL 34610
CITY-ST-ZIP	
TITLE	GRAY, BEVERLY (P)
NAME	7210 N. MANHATTAN AVE,
STREET ADDRESS	TAMPA, FL. 33614 APT. 12523
CITY-ST-ZIP	
TITLE	FALCON, MICHAEL (D)
NAME	12233 PASCO TRAILS BLVD
STREET ADDRESS	SPRING HILL, FL 34610
CITY-ST-ZIP	
TITLE	GOING, CONNIE (DS)
NAME	7218 5th Avenue NORTH
STREET ADDRESS	ST. PETERSBURG, FL 33710
CITY-ST-ZIP	
TITLE	KRUEGER, SUSAN (D)
NAME	P.O. BOX 270592
STREET ADDRESS	TAMPA, FL. 33688
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

78

TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Connie Going

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/16/2002

Daytime Phone #

CR2E0378 (12/01)