

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004804

1. Entity Name

Red Nations Intertribal Council, Inc.

APPROVED
AND
FILED

00 APR 28 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1747 Capital Cir NE
#508
Tallahassee, FL 32308

Mailing Address

1747 Capital Cir NE
#508
Tallahassee, FL 32308

2. Principal Place of Business

2401 Formosa Dr.
Suite, Apt. #, etc.

3. Mailing Address

2401 Formosa Dr.
Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32308

Country

USA

Zip

32308

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Lance Little Chief McBee
1747 Capital Cir NE #508
Tallahassee, FL 32308

7. Name and Address of New Registered Agent

Name Lance Little Chief McBee

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

2401 Formosa Dr.

City

Tallahassee

FL

Zip Code

32308

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

Lance L. McBee

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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

TITLE D.P.
NAME Lance Little Chief McBee
STREET ADDRESS 2401 Formosa Dr.
CITY-ST-ZIP Tallahassee, FL 32308 ☐ Delete

TITLE D.V.P.
NAME Susan McBee
STREET ADDRESS 2401 Formosa Dr.
CITY-ST-ZIP Tallahassee, FL 32308 ☐ Delete

TITLE D.
NAME David FM Vaughn
STREET ADDRESS 2401 Formosa Dr.
CITY-ST-ZIP Tallahassee, FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ 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:

Lance L. McBee

4/27/00 (850) 224-8870