

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90016 040 ***150.00

DOCUMENT # P000000 26736

1. Entity Name

SEMINOLE INDIAN VENTURES OF
FLORIDA, INC



DO NOT WRITE IN THIS SPACE

60043261

2. Principal Place of Business

3200 PORT ROYALE DR. N.

3. Mailing Address

SAME

Suite, Apt. #, etc.

#704

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

City & State

4. FEI Number

52-2226824

Applied For

Not Applicable

Zip

33308

Country

US A

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

KLINE, JOEL

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

3200 PORT ROYALE DR. N. #704

City

FT. LAUDERDALE

FL

Zip Code

33308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JOEL KLINE

REGISTERED AGENT

4/26/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CHAIRMAN - DIR
OSCEOLA - MARCELLUS
3200 PORT ROYALE DR. N. #704
FT. LAUDERDALE, FL. 33308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT - DIR
KLINE, JOEL
3200 PORT ROYALE DR. N. #704
FT. LAUDERDALE, FL. 33308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY
KLINE, STARK
3200 PORT ROYALE DR. N. #704
FT. LAUDERDALE, FL. 33308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stark Kline STARK KLINE

4-22-08

954-771-9810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)