

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90007 010 ***150.00

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DOCUMENT # P01000049804

1. Entity Name

CHEROKEE FINANCIAL CORP.

Principal Place of Business

**490 NORTH STREET, STE 132
 LONGWOOD FL 32750**

Mailing Address

**490 NORTH STREET, STE 132
 LONGWOOD FL 32750**

2. Principal Place of Business

959 E. ALTAMONTE Dr.

3. Mailing Address

P.O. Box 150248

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

4. FEI Number

59-3722998

Applied For

☐ Not Applicable

Zip

32701

Country

Seminole

Zip

32715-0248

Country

Seminole

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

HOLMES, JAMES G

**490 NORTH STREET, STE 132
 LONGWOOD FL 32750**

Name

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

959 E. ALTAMONTE Drive

City

ALTAMONTE SPRINGS, FL

Zip Code

32701

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

James G. Holmes, President

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

(NOTE: Registered Agent signature required when reinstating)

4/5/02

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so: ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HOLMES, JAMES G	
STREET ADDRESS	490 NORTH STREET, STE 132	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CHAMBERS, W. GLENN	
STREET ADDRESS	490 NORTH STREET, STE 132	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	959 E. ALTAMONTE Drive,	
STREET ADDRESS	ALTAMONTE SPRING, FL, 32701	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	959 E. ALTAMONTE Drive	
STREET ADDRESS	ALTAMONTE SPRINGS, FL, 32701	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02

Date

407-331-7188

Daytime Phone #

CR2ED34 (9/01)