

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02573

1. Entity Name

AMERICAN CHEROKEE CONFEDERACY, INC.

Principal Place of Business

619 PINE CONE RD  
ALBANY GA 31705-6906  
US

Mailing Address

619 PINE CONE RD  
ALBANY GA 31705-6906  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

93-0788746

Applied For

Not Applicable

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

BROWN, CLEVE "LIGHTFOOT"  
5452 N. DEAN RD.  
ORLANDO FL 32817

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature rec. (Can reinstating)

DATE

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	PD	<input type="checkbox"/> Delete
NAME	JACKSON, WILLIAM P "RAT"	
STREET ADDRESS	619 PINE CONE RD	
CITY-ST-ZIP	ALBANY GA 31705-6906	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JACKSON, MARY	
STREET ADDRESS	619 PINE CONE RD	
CITY-ST-ZIP	ALBANY GA 31705-6906	
TITLE	BA	<input type="checkbox"/> Delete
NAME	BROWN, CLEVE "LIGHTFOOT"	
STREET ADDRESS	5452 N. DEAN ROAD	
CITY-ST-ZIP	ORLANDO FL 32817-3241	
TITLE	PC	<input type="checkbox"/> Delete
NAME	JACKSON, WILLIAM	
STREET ADDRESS	619 PINE CONE ROAD	
CITY-ST-ZIP	ALBANY GA 31705-6906	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JACKSON, MARY C	
STREET ADDRESS	619 PINE CONE ROAD	
CITY-ST-ZIP	ALBANY GA 31705-6906	
TITLE	BA	<input type="checkbox"/> Delete
NAME	BROWN, CLEVE	
STREET ADDRESS	5452 NORTH DEAN ROAD	
CITY-ST-ZIP	ORLANDO FL 32817-3241	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90012 008 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

1-25-2000

1-25-2000

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