

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02573

1. Entity Name

AMERICAN CHEROKEE CONFEDERACY, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90099 006 ****61.25

0087411

Principal Place of Business

Mailing Address

619 PINE CONE RD
ALBANY GA 31705-6906
US

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 required when 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

William P. Rat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-12-2001

Daytime Phone #

912 787-5722

CR2E037 (10/00)

P02573
717495



American Cherokee Confederacy, Inc.

Chief William R. Jackson
Rattlesnake
Principal Chief

619 Pine Cone Rd.
Albany, GA 31705-6906
(229) 787-5722