

2002 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 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 PD
NAME JACKSON, WILLIAM P "RAT"
STREET ADDRESS 619 PINE CONE RD
CITY-ST-ZIP ALBANY GA 31705-6906 ☐ Delete

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

TITLE ST
NAME JACKSON, MARY
STREET ADDRESS 619 PINE CONE RD
CITY-ST-ZIP ALBANY GA 31705-6906 ☐ Delete

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

TITLE BA
NAME BROWN, CLEVE "LIGHTFOOT"
STREET ADDRESS 5452 N. DEAN ROAD
CITY-ST-ZIP ORLANDO FL 32817-3241 ☐ Delete

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

TITLE PC
NAME JACKSON, WILLIAM
STREET ADDRESS 619 PINE CONE ROAD
CITY-ST-ZIP ALBANY GA 31705-6906 ☐ Delete

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

TITLE ST
NAME JACKSON, MARY C
STREET ADDRESS 619 PINE CONE ROAD
CITY-ST-ZIP ALBANY GA 31705-6906 ☐ Delete

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

TITLE BA
NAME BROWN, CLEVE
STREET ADDRESS 5452 NORTH DEAN ROAD
CITY-ST-ZIP ORLANDO FL 32817-3241 ☐ Delete

TITLE ☐ Change ☐ 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 30, 2002 8:00 am
Secretary of State

01-30-2002 90145 010 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)