

2000 UNIFORM BUSINESS REPORT (UBR)

2/15

FILED

Apr 28, 2000 8:00 am
Secretary of State

02-15-2000 90043 019 ***150.00

DOCUMENT # P99000004399

1. Entity Name

MICCOSUKEE LAKE RESORT, INC.

Principal Place of Business

Mailing Address

16025 REEVES LANDING RD.
TALLAHASSEE FL 32309P.O. BOX 72
TALLAHASSEE FL 32309

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

593552265

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

MCPHERSON, REGINALD
16025 REEVES LANDING RD.
TALLAHASSEE FL 32309

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WHEELER, MICHAEL	
STREET ADDRESS	16025 REEVES LANDING RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32309	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> Delete
NAME	BROOKS, CORRIN	
STREET ADDRESS	16025 REEVES LANDING RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32309	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	STD	<input type="checkbox"/> Delete
NAME	INGERSOLL, JAMES	
STREET ADDRESS	16025 REEVES LANDING RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32309	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	MCPHERSON, REGINALD	
STREET ADDRESS	16025 REEVES LANDING RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32309	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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)(l), 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:

Jim Ingersoll **JIM INGERSOLL** Secretary 2/12/00 850 668-0334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)