

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90035 008 ****61.25

DOCUMENT # 718120

1. Entity Name
NETTLES ISLAND, INC.

Principal Place of Business 9801 SOUTH OCEAN DR. JENSEN BCH FL 34957	Mailing Address 9801 SOUTH OCEAN DR. JENSEN BCH FL 34957-2399
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-1407317	Applied For Not Applicable
Zip	Country	Zip	Country

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

CORNETT, JANE L
401 E. OSCEOLA ST. RIVER OAK CENTER
STUART FL 34994

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	VP ISAACS, ROBERT E 9801 S OCEAN DR #1210-2 JENSEN BEACH FL <input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Isaacs, Robert E. 9801 S Ocean Dr. #1210 Jensen Beach, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEABODY, ESTHER 270 NETTLES BLVD. JENSEN BEACH FL 34957 <input type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Peabody, Esther 270 Nettles Blvd. Jensen Beach, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATZ, HENRY G 228 NETTLES BLVD JENSEN BEACH FL 34957 <input type="checkbox"/> Delete	TITLE Asst Treas NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wilbur F. Barrett 169 Nettles Blvd. Jensen Beach, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAM, DEITERS 750 NETTLES BLVD JENSEN BEACH FL 34957 <input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hollis, Tyler 777 Nettles Blvd. Jensen Beach, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ZELLA 987 NETTLES BLVD. JENSEN BEACH FL 34957 <input type="checkbox"/> Delete	TITLE Sec NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brown, Zella 987 Nettles Blvd. Jensen Beach, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELBY, KENETH 641 NETTLES BLVD. JENSEN BEACH FL 34957 <input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Voigt, George 265 Nettles Blvd. Jensen Beach, FL 34957

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: *Jane L Cornett*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CRE037 (9/99)