2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90444 018 ****61.25

DOCUMENT # N00000000482

1. Entity Name

NATURE COAST AA INTERGROUP, INC.

929734

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
915 SOUTH SITTING ROCK POINT HOMOSASSA FL 34448	915 SOUTH SITTING ROCK POINT HOMOSASSA FL 34448

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 2015 Suite, Apt. #, etc.
City & State	City & State: CRYSTAL RIVER, FL
Zip / Country	Zip: 34423-2015 Country: USA

4. FEI Number: 59-3639818 ☐ 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
ELY, LINDA D 915 SOUTH SITTING ROCK POINT HOMOSASSA FL 34448	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 Dopartment of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CUTRIGHT, JOHN W 10575 BRESLER COURT HOMOSASSA FL 34487 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Robert J. DEARBORN 5270 W. Homosassa Trail Lecanto, FL 34461 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HUNTER, BEVERLY E 7107 E. LEANING OAK DRIVE INVERNESS FL 34453 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHAPINSKI, BARBARA P 2247 N. PILOT PT. CRYSTAL RIVER FL 34429 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHAPINSKI, JOSEPH 2247 N. PILOT PT. CRYSTAL RIVER FL 34429 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARILYN BALLIET 11897 S OLD JONES RD FLORAL CITY FL 34436 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LINDA ELY 915 S. SITTING ROCK PT HOMOSASSA FL 34448 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Robert J. Dearborn Secretary March 9, 2001 352 621-3284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #