## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N00000000482

Entity Name: NATURE COAST AA INTERGROUP, INC.

FILED Apr 28, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

915 SOUTH SITTING ROCK POINT 7107 EAST LEANING OAK DRIVE

HOMOSASSA, FL 34448 INVERNESS, FL 34453

Current Mailing Address: New Mailing Address:

PO BOX 2015

CRYSTAL RIVER, FL 344232015

FEI Number: 59-3639818 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ELY, LINDA D HUNTER, BEVERLY

915 SOUTH SITTING ROCK POINT 7107 EAST LEANING OAK DRIVE

HOMOSASSA, FL 34448 INVERNESS, FL 34453

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: BEVERLY HUNTER 04/28/2002

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

ELY, LINDA

915 S SITTING ROCK PT

HOMOSASSA, FL 34448

Name:

Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: CUTRIGHT, JOHN W Name: ANDREWS, BARBARA
Address: 10575 BRESLER COURT Address: 1019 SOUTH CANDLENUT DRIVE

City-St-Zip: HOMOSASSA, FL 34487 City-St-Zip: HOMOSASSA, FL 34448

Title: S ( ) Delete Title: T (X) Change ( ) Addition

Name: DEARBORN, ROBERT J Name: BALLIET, MARILYN
Address: 5270 W HOMOSASSA TRAIL Address: 11897 SOUTH OLD JONES ROAD

City-St-Zip: LECANTO, FL 34461 Address: FLORAL CITY, FL 34436

Title: T ( ) Delete Title: S (X) Change ( ) Addition Name: CHAPINSKI, BARBARA P Name: BAUMAN, PAIGE S

Address: 2247 N. PILOT PT. Address: 3775 SOUTH SUNCOAST BLVD., LOT # 51

City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: HOMOSASSA, FL 34448

Title: T ( ) Delete Title: T (X) Change ( ) Addition
Name: BALLIET, MARILYN Name: BOLLINGER, WILLIAM

Address: 11897 S OLD JONES ROAD Address: 516 WEST JADEWOOD LOOP City-St-Zip: FLORAL CITY, FL 34436 City-St-Zip: BEVERLY HILLS, FL 34465

Title: T (X) Delete Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAIGE SUZANNE BAUMAN S 04/28/2002