

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90201 027 ****61.25

DOCUMENT # N00000000482

1. Entity Name

NATURE COAST INTERGROUP, INC.



Principal Place of Business

**7107 EAST LEANING OAK DRIVE
INVERNESS FL 34453**

Mailing Address

**PO BOX 2015
CRYSTAL RIVER FL 34423-2015**

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 **59-3639818**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUNTER, BEVERLY
7107 EAST LEANING OAK DRIVE
INVERNESS FL 34453**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Beverly E Hunter **BEVERLY E. HUNTER**

4/1/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☒ Delete
NAME **ANDREWS, BARBARA**
STREET ADDRESS **1019 SOUTH CANDLENUT DRIVE**
CITY-ST-ZIP **HOMOSASSA FL 34448**

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

TITLE **T** ☒ Delete
NAME **BALLIET, MARILYN**
STREET ADDRESS **11897 SOUTH OLD JONES ROAD**
CITY-ST-ZIP **FLORAL CITY FL 34436**

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

TITLE **S** ☒ Delete
NAME **BAUMAN, PAIGE S**
STREET ADDRESS **3775 SOUTH SUNCOAST BLVD., LOT # 51**
CITY-ST-ZIP **HOMOSASSA FL 34448**

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

TITLE **T** ☐ Delete
NAME **BOLLINGER, WILLIAM**
STREET ADDRESS **516 WEST JADEWOOD LOOP**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

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

TITLE **BEVERLY E. HUNTER** ☐ Delete
NAME **TREASURER**
STREET ADDRESS **7107 E. LEANING OAK DR**
CITY-ST-ZIP **INVERNESS FL 34453**

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

TITLE **SECRETARY** ☐ Delete
NAME **KEVIN BACON**
STREET ADDRESS **PO BOX 431**
CITY-ST-ZIP **HOMOSASSA SPRINGS FL 34447**

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: *Beverly E Hunter* **BEVERLY E. HUNTER** **4/1/03 (352) 344-5939**

CR2E037 (10/02)