

2000 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-16-2000 90144 016 ****61.25

DOCUMENT # N39750

1. Entity Name

NATURE COAST LODGE #2502, INC.

Principal Place of Business

Mailing Address

C/O ROSEMARY SALUTE
 P O BOX 5232
 SPRING HILL FL 34811-5232
 US

C/O ROSEMARY SALUTE
 P O BOX 5232
 SPRING HILL FL 34611-5232
 US



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

59-3028513

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

GESSELLI, ANNETTE
8164 TEDBURN PARK
SPRING HILL FL 34806

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** Delete
 NAME **JOHN ANNITTO**
 STREET ADDRESS **4525 RACHEL BLVD**
 CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **GESSELLI, ANNETTE**
 STREET ADDRESS **8164 TEDBURN PARK**
 CITY-ST-ZIP **SPRING HILL FL 34806**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **EUGENE GESSELLI**
 STREET ADDRESS **8164 TEDBURN PK**
 CITY-ST-ZIP **SPRINGHILL FL 34806**

TITLE **DP - PRESIDENT** Change Addition
 NAME **EUGENE GESSELLI**
 STREET ADDRESS **8164 TEDBURN PARK**
 CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **DP** Delete
 NAME **ROSEMARY SALUTE**
 STREET ADDRESS **6405 ALBERTA ST**
 CITY-ST-ZIP **BROOKSVILLE FL 34609**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS SECRETARY** Change Addition
 NAME **RITA MILONE**
 STREET ADDRESS **200 HAGUE COURT**
 CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *ANNETTE GESSELLI* **ANNETTE GESSELLI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/2000
 Daytime Phone #

CR2E037 (9/99)