2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
02-19-2002 90092 026 ****61.25

DOCUMENT # N95000004085

1. Entity Name

NATURE COAST R/CERS, INC.

Principal Place of Business	Mailing Address
FLORIDA BARGE CANALLOCKS CR 40 INGLIS FL 34431 US	5508 N ANDRE DRIVE CRYSTAL RIVER FL 34428 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
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ 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
KREMAN, HOWARD D 5508 N ANDRI DRIVE CRYSTAL RIVER FL 34428	Name KLEMAN, HOWARD D. Street Address (P.O. Box Number is Not Acceptable) 5508 N. ANDRI DRIVE City CRYSTAL RIVER FL Zip Code 34428

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEAVER, RICHARD 9224 W HARBOR ISLE CT CRYSTAL RIVER FL 34428	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KLEMAN, HOWARD D. 5508 N. ANDRI DRIVE CRYSTAL RIVER FL 34428	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THIBADO, DANIEL 7655 W DROVER ST HOMOSASSA FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TEMPLE, BAYARD 1521 S.E. PINWHEEL DR CRYSTAL RIVER FL 34429	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRO, JOHN 20800 RIVER DRIVE A-35 DUNNELLON FL 34431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICHOLSON, DOUG 142 N. MAPLE ST INGLIS, FL 34449	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOHLHEPP, WARREN 8470 N ELKCAM CITRUS SPRINGS FL 34433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, KEN 4107 WITHLACOOCHEE TR DUNNELLON FL 34434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, BRETT 1179 W BRIDGE DR CITRUS SPRINGS FL 34434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #