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

**FILED**
**May 14, 2003 8:00 am**
**Secretary of State**
05-14-2003 90135 026 ****70.00

DOCUMENT # N95000004085

1. Entity Name
NATURE COAST R/CERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| FLORIDA BARGE CANALLOCKS<br>CR 40<br>INGLIS FL 34431<br>US | 5508 N ANDRE DRIVE<br>CRYSTAL RIVER FL 34428<br>US |

☐ CHECK HERE IF MAKING CHANGES

| 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<br>5508 N ANDRI DRIVE<br>CRYSTAL RIVER FL 34428 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Howard D Kleman — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>KLEMAN, HOWARD D<br>5508 N. ANDRI DRIVE<br>CRYSTAL RIVER FL 34428 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>TEMPLE, BAYARD<br>1521 SE PINWHEEL DR.<br>CRYSTAL RIVER FL 34429 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NICHOLSON, DOUG<br>142 N. MAPLE STREET<br>INGLIS FL 34449 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>CAHILL, JAMES<br>17 DEERWOOD DR<br>HOMOSASSA, FL 34446 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KOHLHEPP, WARREN<br>8470 N ELKCAM<br>CITRUS SPRINGS FL 34433 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>MC GLYNN, GEORGE<br>12 DAHOON CT. SO<br>HOMOSASSA FL 34446 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROWN, KEN<br>4107 WITHLACOOCHEE TR<br>DUNNELLON FL 34434 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>NICHOLSON, ANDREW J<br>130 N MAPLE ST<br>INGLIS, FL 34449 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MARTIN, BRETT<br>1179 W BRIDGE DR<br>CITRUS SPRINGS FL 34434 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition |

CR2E037 (10/02)

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:** Howard D Kleman SIGNATURE REQUIRED — (352)563-6654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #