

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 383183

1. Entity Name

NATIONAL RESORTS, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90036 009 ***150.00

Principal Place of Business

9130 SOUTH DADELAND BLVD.
SUITE 1113. DATRON 2
MIAMI FL 33156
US

Mailing Address

9130 SOUTH DADELAND BLVD.
SUITE 1113. DATRON 2
MIAMI FL 33156-7818
US

00010792



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 **59-1353322**

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

COULTER, JOSEPH R III
9130 SOUTH DADELAND BLVD., SUITE 1113
PATRAN II
MIAMI FL 33151

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VPT	<input type="checkbox"/> Delete
NAME	VAN, SUE	
STREET ADDRESS	1611 SW 106 TERR	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARLIN, WAYNE A.	
STREET ADDRESS	9844 S.W. 124TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COULTER, JOSEPH R III	
STREET ADDRESS	260 HUNTINGLODGE DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COULTER-JONES, LAURA	
STREET ADDRESS	1121 STARLING AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President "P"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	65 LEUCADENDRA DR.	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph R. Coulter III* **JOSEPH R. COULTER III, President** JAN. 28, 2000 305-670-3539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #