

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90106 047 \*\*\*150.00

**DOCUMENT # 383183**

1. Entity Name  
**NATIONAL RESORTS, INC.**

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  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**9100 South Dadeland Blvd**

Suite, Apt. #, etc.  
**Suite 906, DATRON I**

City & State  
**MIAMI FL**

Zip  
**33156**

Country  
**DADE**

3. Mailing Address  
**9100 South Dadeland Blvd**

Suite, Apt. #, etc.  
**Suite 906, DATRON I**

City & State  
**MIAMI FL**

Zip  
**33156**

Country  
**DADE**

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

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

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**9100 South Dadeland Blvd**

**Suite 906, DATRON I**

City  
**MIAMI**

FL

Zip Code  
**33156**

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 *for Coulter III, President Joseph R. Coulter III*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/24/02  
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, 2002 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**  
NAME  
**VAN, SUE**  
STREET ADDRESS  
**1611 SW 106 TERR**  
CITY-ST-ZIP  
**DAVIE FL 33324**

☐ Delete

TITLE  
**S**  
NAME  
**BARLIN, WAYNE A.**  
STREET ADDRESS  
**9844 S.W. 124TH TERRACE**  
CITY-ST-ZIP  
**MIAMI FL 33176**

☐ Delete

TITLE  
**P**  
NAME  
**COULTER, JOSEPH R III**  
STREET ADDRESS  
**260 HUNTINGLODGE DRIVE**  
CITY-ST-ZIP  
**MIAMI SPRINGS FL 33166**

☐ Delete

TITLE  
**VP**  
NAME  
**COULTER-JONES, LAURA**  
STREET ADDRESS  
**65 LEUCADENDRA DR**  
CITY-ST-ZIP  
**MIAMI FL 33156**

☐ Delete

TITLE  
  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

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NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
  
NAME  
  
STREET ADDRESS  
  
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CITY-ST-ZIP

☐ Change ☐ Addition

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: *Signature of President Joseph R. Coulter III* 1/24/02 305-670-3539  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)