

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 807027

FILED
Mar 05, 2002 8:00 AM
Secretary of State

Entity Name: NATIONAL INVESTORS FUND INCORPORATED

Current Principal Place of Business:

P.O. BOX 518
INDIANTOWN, FL 34956

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 518
INDIANTOWN, FL 34956

New Mailing Address:

1844 NORTH NOB HILL ROAD
PMB#614
PLANTATION, FL 33322

FEI Number: 51-0058181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POST, ROBERT M JR
16001 MARKET ST.
INDIANTOWN, FL 34956 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POST, ROBERT M., JR.,
Address: 16001 MARKET ST.
City-St-Zip: INDIANTOWN, FL

Title: S () Delete
Name: GENTRY, ELIZABETH
Address: WEST FARMS RD
City-St-Zip: INDIANTOWN, FL

Title: D () Delete
Name: REY-MILLET, YVES-JAC, QUES
Address: GEORGE TOWN
City-St-Zip: GRAND CAYMAN ISL,W.I,

Title: PD () Delete
Name: LESLIE, JEFF
Address: 16001 MARKET ST
City-St-Zip: INDIANTOWN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POST, ROBERT M., JR.,
Address: 16001 MARKET ST.
City-St-Zip: INDIANTOWN, FL

Title: S (X) Change () Addition
Name: GENTRY, ELIZABETH
Address: WEST FARMS RD
City-St-Zip: INDIANTOWN, FL 34956

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: LESLIE, JEFF
Address: 16001 MARKET ST
City-St-Zip: INDIANTOWN, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: POST, ROBERT M.

P

03/05/2002

Electronic Signature of Signing Officer or Director

_____ Date