

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008441

1. Entity Name

NATURE COAST-ECO-TOURISM ALLIANCE, INC.

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91175 027 ****61.25

Principal Place of Business

521 SE FORT ISLAND TRAIL SUITE C
CRYSTAL RIVER FL 34429

Mailing Address

521 SE FORT ISLAND TRAIL SUITE C
CRYSTAL RIVER FL 34429

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

59-3698768

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARDY, JOHN S III
521 SE FORT ISLAND TRAIL SUITE A
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name

Amy Virgo

Street Address (P.O. Box Number is Not Acceptable)

521 SE Fort Island Trail, Suite C

City

Crystal River

FL

Zip Code
34429

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.

(NOT: 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

TITLE D ☐ Delete
NAME VIRGO, AMY
STREET ADDRESS 521 SE FORT ISLAND TRAIL SUITE C
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE D ☐ Delete
NAME CLARDY, JOHN S III
STREET ADDRESS PO BOX 2410
CITY-ST-ZIP CRYSTAL RIVER FL 34423

TITLE D ☐ Delete
NAME HOOD, LESTER
STREET ADDRESS 1114 SE 3RD AVE
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

02/12/01 1352564-9187

CR2E037 (10/00)